

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Johnson
City Hartmanns Mills, Mo. (No. 1)

Registration District No. 783
Primary Registration District No. 4424

File No. 20374
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Joseph Franklin Shoemaker
(a) Residence, No. 10 Collins, Miss. S.M.M. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1868

7. AGE YEARS 68 MONTHS 4 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Und. illness 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crown County, Missouri

FATHER 13. NAME M. Boyd Shoemaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri

MOTHER 15. MAIDEN NAME Colie Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair County - Missouri

17. INFORMANT Mr. Lee Shoemaker (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Waukegan, Mo. DATE May 28, 1936

19. UNDERTAKER V. E. Hickey (ADDRESS) Waukegan, Missouri

20. FILED May 30, 1936 Ora M. Rich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to May 26, 1936. I last saw him alive on May 26, 1936. Death is said to have occurred on the date stated above, at 3:35 p.m. The principal cause of death and related causes of importance were as follows:

Strengthened Degenerative Kidney
Perforated Sigmoid Colon
Apoplexy
Spontaneous Hemorrhage
about 5-5-36

Other contributory causes of importance _____
Name of operation Spontaneous Hemorrhage Date of _____
What test confirmed diagnosis: ap Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. P. Stuppfluban M. D.
(Address) Waukegan, Mo.

