JUL 16 1936

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

Do not use this space.

22108

1. PLACE OF DEATH
County: Buchanan — Registration District No. 86 — File No.
Township: Washington — Primary Registration District No. 5127 — Registered No. 43
City: St Joseph (No. RFD 4 Pickett Road St. Ward)

2. FULL NAME: Mary E Shoemaker

(a) Residence, No. RFD 4 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): about 1844

7. AGE: Years: about 92 — Months: ✓ — Days: ✓ — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year): Nov 1935
11. Total time (years) spent in this occupation: 8 mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Wm Smith 207 E Colorado

18. BURIAL, CREMATION, OR REMOVAL: Graham Mo DATE 6/14 1936

19. UNDERTAKER (ADDRESS): Barry Myles 218 So 10

20. FILED June 13 1936 B. W. Tadlock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 1935, to June 11 1936
I last saw her alive on June 11 1936. Death is said to have occurred on the date stated above, at 10 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 1936

Other contributory causes of importance:

Arteriosclerosis	?
Fracture of glenoid cavity	Nov 1935

Name of operation: — Date of:
What test confirmed diagnosis? Clinical — 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 factory, 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) E J Gross D.O. M. D.
(Address) 5008 King Hill Ave

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1. PLACE OF DEATH
County: Buchanan — Registration District No. 86 — File No.
Township: Washington — Primary Registration District No. 5127 — Registered No. 43
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Mary E. Shoemaker

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): W

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

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

7. AGE: Years: abt 92 — Months — Days — If LESS than 1 day, ... hrs. or ..... mins.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19....

19. UNDERTAKER (ADDRESS)

20. FILED Aug 10, 1936 B. W. Tadlock M.D. M.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1936

22. I HEREBY CERTIFY, that I attended deceased from ....., 19....., to ....., 19.....
I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:
Arteriosclerosis
Fracture of femoral neck

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov. 21, 1935
Where did injury occur? At home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury: fell out of chair
Nature of injury: fracture of femoral neck

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. J. Brown M.D.
(Address) 3608 Kingsville Ave.

SUPPLEMENTAL

S-22108