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.

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

AUG 24 1936

Do not use this space.

26607

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 5424 Cherry St. Ward)

File No. 26607
Registered No. 3277

2. FULL NAME John William Shumway
(a) Residence, No. 5424 Cherry St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 29 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: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Myrtle I Shumway
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct-8 1866
7. AGE: YEARS 69 MONTHS 9 DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: President
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): Scottville Ohio

FATHER
13. NAME: Reuben B Shumway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Barbara Schuster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Miss Clara L Shumway 5424 Cherry
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial pK DATE July-15 1936
19. UNDERTAKER (ADDRESS): D. W. McCormers Sons Kansas City
20. FILED July 14 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July-13 1936
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936, to July 13, 1936
I last saw him alive on July 13, 1936 Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
AURICULAR FIBRILLATION	1 DAY
95	
Other contributory causes of importance:	
CHRONIC MYOCARDITIS	5 YRS

Name of operation ..... Date of .....
What test confirmed diagnosis? CLINICAL Was there an autopsy? .....

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? N
If so, specify .....
(Signed) Roy A Stevens, M. D.
(Address) 6247 Brookside Blvd KCMO

6247 Brookside
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