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

SEP 21 1936

Do not use this space.

30556

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 20019 — Registered No. 669

City Springfield, Mo. (No. Springfield Baptist Hosp. St. Ward)

2. FULL NAME Mr. Hulett E. Shumate

(a) Residence, No. Hermitage, Mo St., Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12-1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	68	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presiding Judge - Hickory County Court

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) Johnson County, Mo.

FATHER

13. NAME Martin Shumate

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Celina Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hoey Shumate, Son Hermitage, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Preston, Mo. DATE Aug 4 1936

19. UNDERTAKER (ADDRESS) J. R. Luckey Wheatland, Mo.

20. FILED Aug 2 1936 Dr Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10:30 am Aug 2, 1936, to Aug 2, 1936
I last saw him alive on Aug 2 1936. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns 2nd degree	
house burned	

Other contributory causes of importance: 180

Name of operation None Date of

What test confirmed diagnosis? Exam 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 Aug 2 1936
Where did injury occur? Hermitage, Hickory Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home (leaking gasoline stove caught house on fire)
Manner of injury Burns - Burning Residence
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. L. Johnston M. D.
(Address) 800 Medical Art Bldg Springfield, Mo