

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

Do not use this space.

47397

**1. PLACE OF DEATH**

County Texas  
Township Finney  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 863  
Primary Registration District No. 6137

File No. 46  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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. (If nonresident, give city or town and State)

**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 Lillie Shoemaker  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 23 - 1899  
7. AGE YEARS 47 MONTHS 6 DAYS 12 IF LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) Feb 1936 11. Total time (years) spent in this occupation 36

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

13. NAME Louis Shoemaker

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

15. MAIDEN NAME Lillie Randall

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

17. INFORMANT Mrs. Oma Wallace

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Dec 6 36

19. UNDERTAKER L. J. Elliott

20. FILED 12/11/36 1936 Shoemaker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1936, to Dec, 1936  
I last saw him alive on Dec 5, 1936 Death is said to have occurred on the date stated above, at 6:58 a.m.

The principal cause of death and related causes of importance were as follows:

Influenza Date of onset \_\_\_\_\_

Other contributory causes of importance: Chronic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? 31 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 \_\_\_\_\_, 1936

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) W. H. Harrison, M. D.

(Address) Houston, Mo

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.

