NOV 23 193

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

Do not use this space.

38592

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township — Primary Registration District No. 3034 — Registered No. 244
City Moberly (No. 522 So Williams St. Ward)

2. FULL NAME Kathrine Shumate
(a) Residence, No. 522 So Williams 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 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 Olen Shumate
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5th 1874
7. AGE Years 62 Months 2 Days 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Mo

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

MOTHER
15. MAIDEN NAME Lena B Vandiveer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) L M McCabe Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Oct 30th 1937
19. UNDERTAKER (ADDRESS) Mahan and Son Moberly Mo
20. FILED Oct 30th 1937 Ethel Clector Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1937, to Oct 29th 1937
I last saw her alive on Oct 28th 1937 Death is said to have occurred on the date stated above, at 9:15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 23/37

Other contributory causes of importance: Hypertension

Name of operation None Date of
What test confirmed diagnosis? Clin 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) Martin P. Hunter, M. D.
(Address) Moberly, 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.