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.

JAN 17 1938

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

Do not use this space. 44112

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 5015

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 1925 Main St. Ward)

2. FULL NAME Henry Floyd Shoemaker

(a) Residence, No. 1834 Agnes 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 Ilene Shoemaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1915

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
22	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garageman 1

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) Kansas City Mo. 1

FATHER

13. NAME Henry L. Shoemaker 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 1

MOTHER

15. MAIDEN NAME Maud Baren

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

17. INFORMANT (ADDRESS) Henry Shoemaker 1820 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Dec. 13, 1937

19. UNDERTAKER (ADDRESS) D. J. Newcomer's Sons

20. FILED Dec 13 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Chron to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above 12:15 A m.

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

Gunshot wound of the Chest 173

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Murder Date of injury 12/11/37
Where did injury occur? 1935 Main Kelly (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Salon
Manner of injury Trauma by firearms
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]