

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

40 County Grundy
4 Township Greenton
4 City Greenton (No.)

Registration District No. 328
Primary Registration District No. 3017

File No. 45468
Registered No.
St. Ward)

2. FULL NAME

Allie M. Shumaker

(a) Residence, No. 1098. 14th 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 Joseph Shumaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 - 1867

7. AGE YEARS 70 MONTHS 6 DAYS 0 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 23
10. Date deceased last worked at this occupation (month and year) Nov 1 - 37 11. Total time (years) spent in this occupation life

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

FATHER 13. NAME R. C. Cantwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER 15. MAIDEN NAME Abigail ✓ 31

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

17. INFORMANT Richard Martin Jr Greenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE Jan 1 38

19. UNDERTAKER Hemley Funeral Home Greenton Mo

20. FILED 12-36 37 Gene D. Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30th, 1937

22. I HEREBY CERTIFY, That I attended deceased from August, 1935, to Dec 30th, 1937.

I last saw her alive on Dec. 30th, 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:

Chronic Myocarditis
Hypertension

Date of onset
1934
1935

Other contributory causes of importance: AB

Name of operation none Date of

What test confirmed diagnosis? Chromal 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? no
If so, specify

(Signed) Oliver F. Duffy, M. D.

(Address) Greenton, Mo.

WRITE PLAINLY, WITH UNFADING INK. 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.

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