

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

Do not use this space.

1. PLACE OF DEATH

County Sentry
Township Cooper
City Carleton (No. Shoemaker)

Registration District No. 310
Primary Registration District No. 54899

File No. 2728
Registered No. 127
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alma Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 14 1858</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>2</u>	DAYS <u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired farmer</u>		
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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sentry Co Mo</u>
	13. NAME <u>Burris Shoemaker</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Susan Felt</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (ADDRESS) <u>Mrs. J. A. Shoemaker</u> <u>Carleton Mo</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>House</u> DATE <u>Jan 30 1938</u>
	19. UNDERTAKER (ADDRESS) <u>Brooks Funeral Home</u> <u>Albany Mo</u>
20. FILED <u>Jan 30 1938</u> <u>Mattie Wood</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938
22. I HEREBY CERTIFY That I attended deceased from Nov 1 1937 to Jan 28 1938
I last saw him alive on Jan 27 1938 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset
B. Chronic renal crisis (endocarditis) 6 months 1937

Other contributory causes of importance:
None
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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?
If so, specify _____
(Signed) James H. Burger, M. D.
(Address) Albany 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.

RECEIVED

FEB 24 1938

DEPT. OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH