

REC'D MAR 15 1938

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

Do not use this space.

6410

1. PLACE OF DEATH

County Coeder Registration District No. 163
Township Box Primary Registration District No. 5228
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME

Fred Shumaker 526
(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 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 Elle Shumaker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Feb 2 1938 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME John Shumaker

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

MOTHER 15. MAIDEN NAME Phoebe Maloy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phoebe Maloy Ind

17. INFORMANT (ADDRESS) Mrs. Eliza Shumaker
Coeder St. Box 23

18. BURIAL, CREMATION, OR REMOVAL PLACE Urgel City DATE 2-16-38

19. UNDERTAKER (ADDRESS) G. W. Dawson
Coeder St. Box 23

20. FILED 2-15 1938 G. W. Dawson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1938, to Feb 14 1938

I last saw him alive on Feb 14 1938. Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Influenza
struggled to death
from ruptured
abscess of Rt Lung

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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?

If so, specify _____

(Signed) Le Roy Dawson, M. D.

(Address) Coeder St. Box 23

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

