REC'D APR 7 1938

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

Do not use this space.

Registration District No. 26503 4

Primary Registration District No. 3-00-2

File No. 10019

Registered No. 30

1. PLACE OF DEATH

County Audrain

Township Salt River

City ~~Mexico Mo~~ R.F.D (No. Highway 54 3/4 mile East Of Mexico, Mo. St. ..... Ward)

4 0 6

2. FULL NAME Roy Shoemaker 5 2 6

(a) Residence, No. R. F. D. #5 Mexico, Mo. 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1923

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
14	6	1	

OCCUPATION

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

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) Mexico, Mo. 0

FATHER

13. NAME Mossie M. Shoemaker 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Chas., Mo. 0

MOTHER

15. MAIDEN NAME Mary Malone

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

17. INFORMANT Mrs. Martha Shoemaker
(ADDRESS) Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood, Mexico Mo. DATE Mar. 3, 1938

19. UNDERTAKER Chas. Arnold Jr.
(ADDRESS) Mexico, Missouri

20. FILED March 2, 1938 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1938

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

I last saw h..... alive on ....., 19..... 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

CORONERS CASE

Came to his death through unavoidable accident when struck by a car driven by Everett Watts on the afternoon of March 1st. 1938.

Other contributory medical conditions

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? A.C.D. Date of injury 3-1, 1938

Where did injury occur? Hwy. 54 mi. E. Mexico Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public

Manner of injury Struck by auto

Nature of injury as above.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B. M. Marbes, J. P.

(Address) Mexico Mo.

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

V. S. No. 2 50M-10-22-36 I X9314