

REC'D APR 8 1938

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

11232
Do not use this space.

1. PLACE OF DEATH ⁵³⁰
(a) County Boonville Registration District No. 1042
(b) Township Hooper Primary Registration District No. 5614
(c) City (d) Street No. Registered No. 3
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St. 530

2. PRINT FULL NAME Paul Leonard Shumate
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF +
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 - 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as 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) Reborage Max creek Mo
FATHER 13. NAME Joe Shumate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo
MOTHER 15. MAIDEN NAME Elsie Vaughan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reborage Mo
17. INFORMANT (ADDRESS) Joe Shumate Reborage Max creek Mo
18. BURIAL, CREMATION, OR REMOVAL Reborage Cemetery Mar 12 1938
19. FUNERAL DIRECTOR (ADDRESS) E. N. Stegert Reborage Mo
20. FILED 3/14 1938 Josephine Martin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1938
22. I HEREBY CERTIFY, That I attended deceased from 21 21 1938 to 2/11 1938.
I last saw him alive on 3-10 1938. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:
Pertussis
Other contributory causes of importance: 9
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? 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) Paul A. Jenkins, M. D.
(Address) Reborage Mo.

Date of onset
Mar 3
1938

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.

504-0-57 I X12004

STATEMENT BY LICENSED EMBALMER

I, E. N. Stewart, Licensed Embalmer No. 1885

hereby certify that the body recorded on the reverse side of this certificate was embalmed by This Body was not

Embalmed L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. N. Stewart

Licensed Embalmer No. 1885

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

11232
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 1040
 (b) Township Hasper Primary Registration District No. 3614 Registered No. 3
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Paul Leonard Shumate
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 3/14 1937 Josephine Martin Local Registrar.

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I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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Date of onset

Other contributory causes of importance:

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

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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) Paul A. Jenkins M. D.

(Address) Lebanon Mo

SUPPLEMENTARY

