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.

REC'D FEB 6 1939

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 1721
Township — Primary Registration District No. 3007 — Registered No. 2
City Poplar Bluff (No. , St. Ward)

2. FULL NAME John F. Showman
(a) Residence, No. 610 Selma 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: LYDA BELL KECK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-1-1864

7. AGE: YEARS 74 — MONTHS 10 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R. R. Engineer
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): O'Fallon, Ill.

FATHER
13. NAME: Chas. A. Showman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mary Charlotte Beeny
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mable Showman, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City DATE 1-11 1939

19. UNDERTAKER (ADDRESS): Frank Undertaking Co., Poplar Bluff, Mo.

20. FILED 1/12 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-5-, 1939, to 1-10-, 1939
I last saw him alive on 1-9-, 1939. Death is said to have occurred on the date stated above, at 2:50 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Chronic myocarditis	
Cause of myocarditis unknown	
	93

Other contributory causes of importance:
acute dilatation of heart

Name of operation none Date of none
What test confirmed diagnosis? Clinical symptoms 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 none
(Signed) [signature], M. D.
89 (Address) Poplar Bluff Mo