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

Do not use this space.

Morris

21410

1. PLACE OF DEATH
County Oregon — Registration District No. 632 — File No.
Township Mayer — Primary Registration District No. 4382 — Registered No.
City (No. St. Ward)

2. FULL NAME Wm F. Shoemate
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? 88 yrs. 3 mos. 15 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~~ Matty Flinn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/17/1840

7. AGE: 88 YEARS — MONTHS: 3 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Mechanical
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: L. F. Shoemate
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co. Mo
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: A. L. Carr
(Address) Thayer Mo

15. FILED 6/5, 1928 C. Rhea REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/5 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-28-28 ~~6-1~~, 1928, to 6-1, 1928, that I last saw him alive on 6-1, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia and Senility
109A
16V (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) H. Morris, M. D
6/5, 1928 (Address) Mammoth Spr Ark

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mammoth Spring Country — DATE OF BURIAL: 6/3 1928

20. UNDERTAKER: A. L. Carr — ADDRESS: Thayer 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.

6 1928
6 1928