

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

Do not use this space.

19001

1. PLACE OF DEATH

County Randolph Registration District No. 735
 Township _____ Primary Registration District No. 3034
 City Moberly (No. 107 No. Williams)

File No. _____
 Registered No. 107 Ward _____

2. FULL NAME

Clay Shumate
 (a) Residence, No. 107 No. William 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 Divorced (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2nd 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 5 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman
 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) Mo

13. NAME Thomas Shumate

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

15. MAIDEN NAME Elizabeth Ayedger

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

17. INFORMANT J. D. Shumate (ADDRESS) Moberly

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo 6-2nd 1931

19. UNDERTAKER Mahan and Son (ADDRESS) Moberly Mo

20. FILED June 2 1931 Thos S Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1 1929 to May 31 1931
 I last saw him alive on May 31 1931. Death is said to have occurred on the date stated above, at 5:55 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Alcoholism Date of onset Southward

Other contributory causes of importance
Carbosis of Liver
Arterial Sclerosis
3rd degree Burn of Leg (Left)

Name of operation none Date of _____
 What test confirmed diagnosis? usual 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 C Davis, M. D.
 (Address) Moberly Mo.

1941

1942

1943

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Randolph
Township _____
City Moberly (No. _____)

Registration District No. 935
Primary Registration District No. 3034

File No. _____
Registered No. 107
St. _____ Ward)

2. FULL NAME

Clay A. Shumate

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) div.

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

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

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

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED June 2, 1931 T.S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ since on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC ALCOHOLISM
Do not know (duration) yrs. mos. ds. 24
Arteriosclerosis of 3 degree (duration) yrs. mos. ds. 3
burn of eye eye caused by electric vibrator
18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) went to sleep with some kind of an electric vibrator turned on in bed with him - when he awoke he was burned
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT BEST CONFIRMED DIAGNOSIS (Signed) _____ (Address) _____

*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. P. C. Davis

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

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

SUPPLEMENTARY

10061-S