

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

Do not use this space.

✓ 8982

APR 25 1934

**1. PLACE OF DEATH**

County Jackson Registration District No. 388  
 Township Keokuk Primary Registration District No. 700  
 City Kansas City No. Kansas City Gen Hosp St. 1178 Ward

**2. FULL NAME** David Sheemaker

(a) Residence, No. Helping Hand 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13 1866</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>11</u>	DAYS <u>18</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	13. NAME <u>No record</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>			
MOTHER	15. MAIDEN NAME <u>No record</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>			
17. INFORMANT <u>Reynold Clark</u> (ADDRESS) <u>Keokuk Hosp Keokuk</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leeds</u> DATE <u>3-15-34</u>				
19. UNDERTAKER <u>Leeds &amp; John</u> (ADDRESS) <u>Keokuk</u>				
20. FILED <u>March 14 34 M M Brown</u> <u>Keokuk</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

1  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1934 to 3-1, 1934  
 I last saw him alive on 3-1, 1934 Death is said to have occurred on the date stated above, at 3:35 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary tuberculosis Date of onset 23M

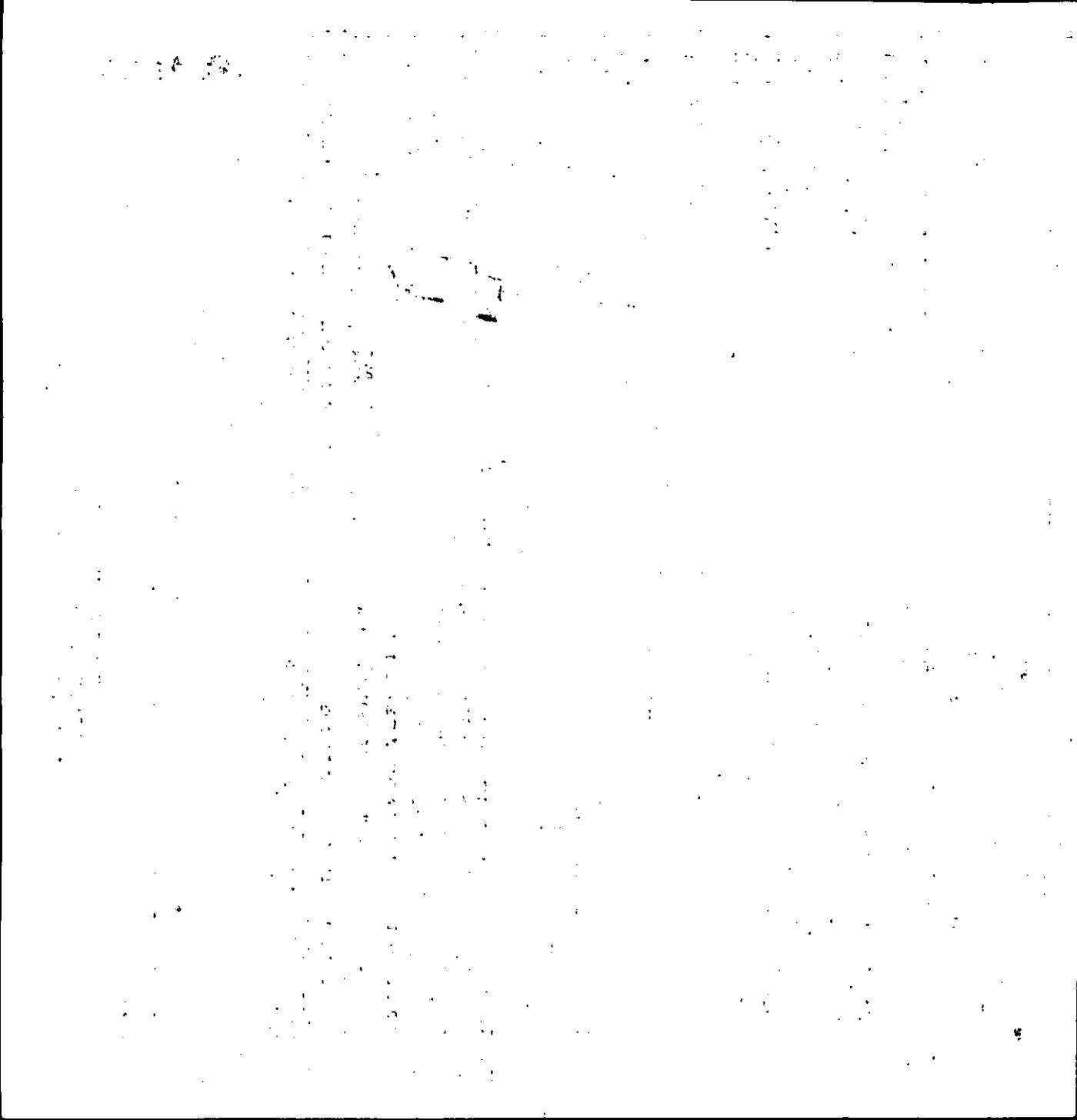
Other contributory causes of importance:  
73

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....  
 If so, specify.....  
 (Signed) J. J. Gennett, M. D.  
 (Address) Keokuk Gen Hosp Keokuk





5-8982