DEC 3 1936

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

Do not use this space.

38314

1. PLACE OF DEATH
County: Macon
Registration District No. 529
Township: Chariton
Primary Registration District No. 4315
City: (If in City or Town, give Ward) No. ..... St. ..... Ward
File No.
Registered No.

2. FULL NAME: James Wesley Shoemaker

(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 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): m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 9 1847

7. AGE: YEARS 90 | MONTHS 11 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Randolph Co Mo

FATHER
13. NAME: Alva Shoemaker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Sarah Wilkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Wealthy Shoemaker
(ADDRESS) Callao Mound Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Callao Md Mo DATE: Oct 24, 1936

19. UNDERTAKER: Albert Stumm
(ADDRESS) Macon Mo

20. FILED: Nov 10, 1936 Mrs Elma Blew, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1936, to Oct 22, 1936
I last saw him alive on Oct 21, 1936. Death is said to have occurred on the date stated above, at 6:30 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
age Debility Coll and Severe Cough with Possible Flu Complications	

Other contributory causes of importance:

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. L. Tripleer, M. D.
(Address) College Mound 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

ORIGIN RESERVED FOR BIRTH

20M-2-19-36 I X7294