

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

Do not use this space.

JUN 17 1937

19470  
561

1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 2210 So. I6 St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lillie May Shoemaker  
(a) Residence, No. 2210 So I6 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George C. Shoemaker</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 3 1894</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.	
	<u>42</u>	<u>6</u>	<u>8</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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>Sparks Kas</u>				
	13. NAME <u>Luck Jankowski</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sparks Kas</u>				
MOTHER	15. MAIDEN NAME <u>Wella Richards</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sparks Kas</u>				
17. INFORMANT <u>Geo C. Shoemaker</u> (ADDRESS) <u>2210 So I6 St St Joseph Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Joseph</u> DATE <u>May 13 1937</u>					
19. UNDERTAKER <u>Barry - Hyler</u> (ADDRESS) <u>218 So I10 St St Joseph Mo</u>					
20. FILED <u>May 13 1937</u> <u>A. J. Nestelhusel</u> <u>Registrar</u>					

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14 1937 to May 11 1937. I last saw her alive on May 11 1937. Death is said to have occurred on the date stated above, at 3:15 P.M. The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 4-14-37

Other contributory causes of importance:  
Influenza 4-14-37

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Gustav A. Lay, M. D.  
(Address) Northwest Blvd St Joseph Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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