

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

Do not use this space.

3710

27

668

1. PLACE OF DEATH
 County Pettis Registration District No. 665
 Township Sedalia Primary Registration District No. 3032
 City Sedalia (No. Bothwell Hospital) St. _____ Ward _____

File No. _____
 Registered No. 668
 St. _____ Ward _____

2. FULL NAME Lillian May Shoemaker
 (a) Residence, No. Elmhurst Hotel 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

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William S. Shoemaker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 28, 1860</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>9</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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 _____		
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knobnoster Mo.</u>	
	13. NAME <u>L.C. Littlefield</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine</u>	
	15. MAIDEN NAME <u>Ellen Mansfield</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
	17. INFORMANT <u>L.M. Littlefield</u> (ADDRESS) <u>Lemonte Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Knobnoster, Mo.</u> DATE <u>Jan. 20, 1938</u>		
19. UNDERTAKER <u>Gillespie Funeral Home</u> (ADDRESS) <u>Sedalia, Mo.</u>		
20. FILED <u>Jan 20 1938</u> <u>Jean Slack</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 19.24, 19____, to 1-18, 1938
 I last saw h. alive on 1/18, 1938 Death is said to have occurred on the date stated above, at 8A m.
 The principal cause of death and related causes of importance were as follows:
Influenza Pneumonia
Senile
 Date of onset 1/14
3/8

Other contributory causes of importance:
Senile

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) Opdyke M. D.
Sedalia Mo
 (Address) _____

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

RECEIVED

FEB 28 1938

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MD. STATE BOARD OF HEALTH

S-3710 1938