

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.

REC'D JAN 18 1939

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

Do not use this space.

44103

1. PLACE OF DEATH  
 County Pettis Registration District No. 668  
 Townshipp Sedalia Primary Registration District No. 3039  
 City Sedalia (No. 322 N. Prospect) Registered No. 36128  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Willard Ray Shoemaker  
 (a) Residence, No. 322 North Prospect, \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1916

7. AGE YEARS 23 MONTHS 11 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1938, to Dec 23, 1938  
 I last saw him alive on Dec 22, 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

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. Taxi-driver

10. Date deceased last worked at this occupation (month and year) Dec 15, 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

acute Parenchymatous nephritis (Glomerulonephritis) (Cause of nephritis not apparent)

Date of onset 1938

Other contributory causes of importance: sum 130

12. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Missouri

13. NAME Frank E. Shoemaker

14. BIRTHPLACE (CITY OR TOWN) Cooper County (STATE OR COUNTRY) Missouri

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Culture Was there an autopsy? No

MOTHER

15. MAIDEN NAME May Thompson

16. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? h 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.

17. INFORMANT Frank Shoemaker (ADDRESS) 322 North Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 12/24/38

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

19. UNDERTAKER Duane Ewing (ADDRESS) Sedalia, Mo.

20. FILED Dec 23, 1938 Mrs Harry Sneed Registrar.

24. Was disease or injury in any way related to occupation of deceased? h  
 If so, specify \_\_\_\_\_  
 (Signed) Chas. M. ..., M. D.  
 (Address) Sedalia, Missouri

Shoemaker

Dr. McNeil 111 West 4th

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/14/39