JUL 13 1939

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

23437
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard 2
(b) Township Duck Creek 1
(c) City Puxico
Registration District No. 840
Primary Registration District No. 6102
Registered No. 16
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Madison Shoemate
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	72	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Dixon County Tenn. 1

FATHER
13. NAME James M. Shoemate 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 9

MOTHER
15. MAIDEN NAME Mary Ellen Elliot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Lucy Shoemate Puxico Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Puxico Cemetery DATE May 31, 1939

19. FUNERAL DIRECTOR (NAME) Hickman-White (ADDRESS) Puxico, Mo

20. FILED 6-13, 1939 Kermit Bryant
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1939, to May 29, 1939
I last saw him alive on May 29, 1939. Death is said to have occurred on the date stated above, at 6.00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia of Brain	
NSC	

Other contributory causes of importance:
Chronic Myocarditis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? No 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) C. P. Elmore, M. D.
(Address) Puxico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 2,
District File Number 739-3
Date Filed 2-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.