

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

Do not use this space.

21846

1. PLACE OF DEATH

County Barry
Township White Plains
City Mauro (No. _____)

Registration District No. 5044
Primary Registration District No. 38

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

2. FULL NAME Daniel M. Shumate

(a) Residence. No. _____ St. _____ Ward. _____
(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. (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 Lucy Shumate

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-22-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 5 17

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co Mo.

10. NAME OF FATHER Samuel Shumate

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Stone

12. MAIDEN NAME OF MOTHER Mary Marchfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

14. INFORMANT Lucy Shumate (Address) Mauro Mo

15. FILED 7-17, 1930 Emma Weddington REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 19 30

I HEREBY CERTIFY, That I attended deceased from May 27, 1930 to June 4, 1930 that I last saw him alive on June 4, 1930, and that death occurred on the date stated above, at _____ a. _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
59 Cerebral
92-H Decomposition

CONTRIBUTORY (SECONDARY) Diabetes Mellitus (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____ DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS usual
(Signed) Lucy W. Carter M. D.
July 15, 1930 (Address) Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stone Cemetery Mauro Mo DATE OF BURIAL 7-11 19 30

20. UNDERTAKER Horine Furniture & Funeral Service ADDRESS Cassville 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.

RECORD THIS IS A PERMANENT RECORD

