

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

Do not use this space.

21886

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

1. PLACE OF DEATH

5 County Barren Registration District No. 092
Township Barren Primary Registration District No. 5047
City Barren (No. R.F.D.# 2)

2. FULL NAME

George Washington Shoemaker
(a) Residence, No. Barren mo. R.F.D.# 2 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jucinda Shoemaker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23-1862
7. AGE YEARS 69 MONTHS 7 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1931
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:00 a.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. Farmer 1
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 _____

Pell dead from embolus heart attack, above based from infarction
Other contributory causes of importance: 199 (5)
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2

FATHER 13. NAME Wm Shoemaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So Carolina

MOTHER 15. MAIDEN NAME Mary Jane Morrow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Mrs George Shoemaker

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Hill DATE 7/26 1931

19. UNDERTAKER (ADDRESS) King Funeral Home

20. FILED July 29, 1932 J. L. Forbes Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) Donald Williams Coroner
(Address) Monticello

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

AUG 22 1932

