

SEP 25 1930

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

Do not use this space.

27315

1. PLACE OF DEATH

County Marion  
Township Liberty  
City Palmyra (No. ....)

Registration District No. 548  
Primary Registration District No. 4320

File No. ....  
Registered No. 42  
St. .... Ward

2. FULL NAME

Fredrick Farnest Schoenborn

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? .... yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
26 6 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Button Cutter  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Marion County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Rudolph Schoenborn

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

12. MAIDEN NAME OF MOTHER Pauline Lehenbauer

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

14. INFORMANT Miss Lena Schoenborn  
(Address) Palmyra, Mo.

15. FILED 8-28-30 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 23, 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18 to Aug. 23, 1930, that I last saw him alive on Aug. 23, 1930 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Incarcerated Hernia - at last a sinking spell and heart giving away

19.30 (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

[Signature] (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH -

DID AN OPERATION PRECEDE DEATH? No DATE OF -

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No  
(Signed) P. H. Stuhlman, D.O.

8-25-1930 (Address) Palmyra, 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

Greenwood Cemetery

DATE OF BURIAL

8/26 1930

20. UNDERTAKER

Lewis Beard

ADDRESS

Palmyra, 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.

