

REC'D JUN 9 1938

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

18068

Do not use this space.

1. PLACE OF DEATH

(a) County Bole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 150
 (c) City Jefferson City (d) Street No. St. Mary Hosp. 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

John William Schoon 667
 (a) Residence, No. Washington Park St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1938

7. AGE YEARS MONTHS Days 7 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Jefferson City, Mo.

13. NAME H. E. Schoon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bole, Mo.

15. MAIDEN NAME Billie Sue Pennington

16. BIRTHPLACE (CITY OR TOWN) Bole, Mo.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from

5/8/1938, to 5/8/1938

I last saw him alive on 5/8, 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:

Date of onset

Premature

Other contributory causes of importance:

Maternal uremia

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?

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,

D. M. Davis

, or by

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

Signed

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address _____

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

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