

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

Do not use this space.

7660

1761
1. PLACE OF DEATH

County Cole

Registration District No. 214

File No. _____

Township Clark

Primary Registration District No. 5252

Registered No. _____

City _____ (No. _____)

St. _____ (Ward) _____

2. FULL NAME Walter Schubert

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) child

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 19 27

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

17. I HEREBY CERTIFY, That I attended deceased from _____
March 8, 1927, to March 8, 1927
that I last saw him alive on March 8, 1927, and that death occurred, on the date stated above, at 4:00 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9 1927

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or _____ min.

Head injuries during birth

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

CONTRIBUTORY (SECONDARY) 16/13

9. BIRTHPLACE (CITY OR TOWN) Brazzato Mo
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER John H Schubert

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

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

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. L. Leslie, M. D.

12. MAIDEN NAME OF MOTHER Hilda Goldsmann

3-8-27 (Address) Russellville 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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson City Mo
(STATE OR COUNTRY)

14. INFORMANT John H Schubert
(Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Strong Town

DATE OF BURIAL

March 9 19 27

15. FILED 3-8-27 Hugh L. Euloe
REGISTRAR

20. UNDERTAKER

Hugo Schubert

ADDRESS

Russellville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every supplement. Every supplement.

