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

Aldridge

Do not use this space.

11275

MAY 26 1927

1. PLACE OF DEATH

County Cole — Registration District No. 213-

Township — Primary Registration District No. 3014-

City Jefferson (No. ..... St. ..... Ward)

File No. .....

Registered No. 103-

2. FULL NAME Sara Schneider

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July -27-1864

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | 8 ~~8~~ | 8 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

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

(c) Name of employer

10 ~~8~~

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newcastle, Pa

PARENTS

10. NAME OF FATHER: John Schneider

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

12. MAIDEN NAME OF MOTHER: Martha Kersten

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

14. INFORMANT: Mary Schneider
(Address) Jefferson City Mo

15. FILED 4/6 1927. S. V. Bedford, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/16/27

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1927, to Apr 4, 1927, that I last saw her alive on April 4, 1927, and that death occurred, on the date stated above, at 3:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia

1010

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Laparotomy

(duration) yrs. mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 16/27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Consultation

(Signed) M R Aldridge, M.D.

4/5, 1927 (Address) JC

*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: Riverview Cemtery

DATE OF BURIAL: 4/6 1927

20. UNDERTAKER: Walther Wymoe

ADDRESS: J C 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.