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

Do not use this space.

19112

File No. 23

Registered No. 23

1. PLACE OF DEATH

County: Perry

Township: Cinque Home

City: ..... (No. ..... St. ..... Ward)

Registration District No. 659

Primary Registration District No. 5876

2. FULL NAME: Clara Schwein.

(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.

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.

JUL 28 1927

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): March 21 — 1906

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	3	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co Mo

PARENTS

10. NAME OF FATHER: Frank Schwein

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

12. MAIDEN NAME OF MOTHER: Anne Berkbigler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co. Mo.

14. INFORMANT: Frank Schwein
(Address) Perryville Mo R.F.D. #2

15. FILED July 2, 1927. Martin Moeckel.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30 1927

17. I HEREBY CERTIFY, That I attended deceased from 3 days of June, 1927, to June 30, 1927, that I last saw her alive on June 26, 1927, and that death occurred, on the date stated above, at 1 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Lenkemia
Spleno - Medullary

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

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) Harry J. Knapp, M. D.

, 19 (Address) Perryville 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: Biehle Cemetary

DATE OF BURIAL: July 2 1927

20. UNDERTAKER: Goellner & Young

ADDRESS: Perryville Mo