AUG 16 1927

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

Do not use this space.

20762

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 86 — File No.:

Township: Washington — Primary Registration District No.: 527 — Registered No.: 29

City: (No. St. Joseph R F D No. 5 Sparta Road St. Ward)

2. FULL NAME Barbara Schoenborn

(a) Residence. No. (Usual place of abode) St., Ward. St. Joseph R F D No. 5 (If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adam Schoenborn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 16. 1860.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	66	9	17	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prevern, Germany

PARENTS

10. NAME OF FATHER: George A Hininger

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

12. MAIDEN NAME OF MOTHER: Anna Marie Krebbs.

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

14. INFORMANT: Adam Schoenborn. (Address) St. Joseph R F D No. 5

15. FILED 7-5-27 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July. 3. 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-3-1927, to 7-3-1927, that I last saw her alive on 7-3-27, 19, and that death occurred, on the date stated above, at 3/10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): General Arterio Sclerosis

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) John J Lucker, M. D.

July. 4. 1927 (Address) [illegible]

*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: Mount Olivet cemetery — DATE OF BURIAL: July. 5. 1927

20. UNDERTAKER: [illegible] — ADDRESS: 1802 Union Str

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