AUG 18 1927

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

Do not use this space.

1. PLACE OF DEATH
County: Pike
Township: Johnson
City: ..... (No. ....., ..... St., ..... Ward)

Registration District No. 703
Primary Registration District No. 4424

File No. 22203
Registered No. 7

2. FULL NAME Theodore Shroder

(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: M
4. COLOR OR RACE: W
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 10 - 27

7. AGE: Years ..... Months ..... Days 0 If LESS than 1 day, 10 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Whaner
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Ben. Shroder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Eng. Stark
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... Mo
(STATE OR COUNTRY)

14. INFORMANT Ben Shroder
(Address) Hunnewell Mo

15. FILED 7-11, 1927 C M Hahn REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1927

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1927, to July 10, 1927, that I last saw him alive on July 10, 1927, and that death occurred, on the date stated above at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) 16a

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C M Hahn, M. D
, 19 (Address) Hunnewell

*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: Hunnewell Mo
DATE OF BURIAL: 7-11 1927

20. UNDERTAKER: J A Joseph
ADDRESS: Hunnewell

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.