

SEP 28 1927

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

Do not use this space.

24639

1. PLACE OF DEATH

County Jasper Registration District No. 111 File No. _____
 Township St. Albans Primary Registration District No. 2002 Registered No. 386
 City Joplin (No. Brunnau Hospital) St. _____ Ward _____

2. FULL NAME

Clement J. Schoel

(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 Male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 9 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 4 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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) Iowa

10. NAME OF FATHER John Henry Schoel

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

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT (Address) Mrs Maud Schoel Central City Mo.

15. FILED 20 1927 Abraham Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1927

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to Aug 9 1927 that I last saw him alive on _____ 19____, and that death occurred, on the date stated above, at 5-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured skull - auto-
motive accident at 5th
Main St Joplin Mo
2:10 AM (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1850 (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) R. W. Stormont M. D.
8 (19, 1927) (Address) Webb City, 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 DATE OF BURIAL
Wichita Park Cem. Joplin Mo 8-22-1927

20. UNDERTAKER ADDRESS
Wichita Park Cem. Joplin 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.

