

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

Do not use this space.

31241

9

Registered No. 268 1/2 328

5- Ward

1. PLACE OF DEATH

County Pallas
Township Chas
City Hannibal (No. Prinice ave)

Registration District No. 228
547

Primary Registration District No. 2029 5961

File No.

Registered No.

St. 5- Ward

2. FULL NAME Canoll Frances Schnelle

(a) Residence. No. Prinice ave St. 5- 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Sept 7-1926

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

23

8. OCCUPATION OF DECEASED

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

(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)

Hannibal Mo.

10. NAME OF FATHER

Sylvester B. Schnelle

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Quincy Ill

12. MAIDEN NAME OF MOTHER

Kellie Shuler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hannibal Mo.

14.

INFORMANT
(Address)

Sylvester B. Schnelle
Hannibal Mo.

15.

FILED

29-1927 Mrs. Harry Pettit
Sub.

MEDICAL CERTIFICATE OF DEATH

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

Oct 3 - 1927

17.

I HEREBY CERTIFY That I attended deceased from 9/28, 1927, to 10-3, 1927, that I last saw the deceased alive on 10-3, 1927, and that death occurred, on the date stated above, at 6:15 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Malnutrition
119 B
158 (duration) 5 yrs. 5 mos. 5 da.

CONTRIBUTORY (SECONDARY)

Gastroenteritis (duration) 3 yrs. 9 mos. 9 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Brown, M. D.
10/4, 1927 (Address) Hannibal 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

St. Mary's Cemetery
Schwartz Funeral Home

10/4, 1927

20. UNDERTAKER

ADDRESS

Hannibal

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.

