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

Do not use this space.

32664

1. PLACE OF DEATH

County: Barton — Registration District No.: 42 — File No.:

Township: Sand creek — Primary Registration District No.: 5064 — Registered No.: 12

City: (No. St. Ward)

2. FULL NAME: Mrs Vada Bruce Schneider

(a) Residence. No. St., Ward. (If [illegible]ident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of [illegible]n birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

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: Herbert E Schneider

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep. 25 1894

7. AGE: Years 33 | Months 7 | Days 2 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(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): Mo

PARENTS

10. NAME OF FATHER: Cyrus Brown

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

12. MAIDEN NAME OF MOTHER: Laura Frank

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kans

14. INFORMANT: H E. Schneider
(Address): Ellinwood Kan #1

15. FILED 11/30 1927 Geo J P Geil REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 28 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-30 1927, to 11-27 1927, that I last saw h. alive on 11-27 1927, and that death occurred, on the date stated above, at 8.10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fatty Degeneration of Heart
CBC
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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) W A McKelvey, M. D
Nov 29 1927 (Address) Pittsburg, Ks.

*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: Black Jack — DATE OF BURIAL: 11-30 1927

20. UNDERTAKER: W E Ellsworth — ADDRESS: Pittsburg

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.