

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

Do not use this space.

37558

1. PLACE OF DEATH

County Marion

Registration District No. 547

Township Marion

Primary Registration District No. 3079

City Hannibal

(No. 607) Lycamore

File No.

Registered No. 248

St. 3rd Ward

2. FULL NAME

(a) Residence. No. 607

Lycamore St. 3rd Ward.

(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

Female

4. COLOR OR RACE

White

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

Married

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

Nicholas V. Schermhorn

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

April 2, 1877

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs.	or min.
<u>50</u>	<u>7</u>	<u>25</u>		

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)

Plainville

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

George Clark

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Anna Popper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kindershook Ill.

PARENTS

14. INFORMANT

(Address)

Nicholas V. Schermhorn
Hannibal, Mo.

15. FILED

Dec 29 1927

C. E. Stone

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 27 1927

17.

I HEREBY CERTIFY, That I attended deceased from

July 1927, to Dec 27 1927

that I last saw him alive on Dec 26 1927, and that death occurred, on the date stated above, at 12:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59 Diabetes

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. B. Blue, M. D.

, 19 (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

Kindershook, Ill.

Dec 29 1927

20. URBERTAKER

ADDRESS

Ray P. Schwartz Hannibal, 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.

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