WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1055

1. PLACE OF DEATH
County Jackson
Township Kans
City Kansas City (No. St. Luke's Hospital St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 75

2. FULL NAME William J. Schaefer
(a) Residence. No. 3751 Washington 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Nora Schaefer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15-1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
49	0	21	

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

9. BIRTHPLACE (CITY OR TOWN) Milwaukee Wis.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wm Schaefer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ger.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ida Rutzen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ger.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Nora Schaefer
(Address) 3751 Washington

15. FILED 1-7, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-31-27, 19__, to 1-6-28, 19__, that I last saw him alive on 1-6-28, 19__, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
5 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gangrene in mouth
(duration) yrs. mos. 7 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) Leslie B. Miller, M. D
1-7, 1928 (Address) 1201 Rialto N.J. 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 Milwaukee, Wis.
DATE OF BURIAL 1-7 1928

20. UNDERTAKER R W Lindsey & Sons
ADDRESS City