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

Do not use this space.

File No. 4890

Registered No. 545

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City No. 5608 Garfield St. (Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Christian Schneiter
(a) Residence. No. 5608 Garfield St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5, 1860

7. AGE: Years 67 | Months 2 | Days 1 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Christian Schneiter Sr
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Switzerland
12. MAIDEN NAME OF MOTHER Susan Bishop
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Switzerland

14. INFORMANT Mrs Fannie Schneiter
(Address) 560 E Garfield

15. FILED 2/7 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-6 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1928 to Feb 6 1928 that I last saw h. ~~alive~~ alive on Feb 6 1928, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
9 yrs 89
9 yrs (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 14 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Residence
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Medical Examination
(Signed) M F Carroll M. D
2/7 1928 (Address) 200 Wm Rickerby Bldg

*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: Cowgill, Mo.
DATE OF BURIAL: Feb. 8 1928

20. UNDERTAKER: D. H. Newcomer & Son
ADDRESS: 2118

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.