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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 4891

Township: Kaw — Primary Registration District No.: 1082 — Registered No.: 546

City: Kansas City (No. Trinity Lutheran Hospt. Ward)

2. FULL NAME Edward A. Schumann

(a) Residence. No. ..... St., ... Ward. Cincinnati, Ohio
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 21, 1876

7. AGE: Years 51 — Months 10 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Florist
(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): Mich.

PARENTS

10. NAME OF FATHER: Edward Schumann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Mary Jacob
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mich.

14. INFORMANT (Address): Mrs. Pearl Schumann, Cincinnati, Ohio

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

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 7 1928

17. I HEREBY CERTIFY, That I attended deceased from January 30, 1928, to February 7, 1928, that I last saw him alive on Feby 6, 1928, and that death occurred, on the date stated above, at 8:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Heart Failure and Chronic Subastilial Nephritis

129 A (duration) about 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Bright's Disease

about (duration) 6 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: Not Known

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinary Analysis

(Signed) H. M. Hillier, M. D.

7/7, 1928 (Address) 617 Shukert 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: Cincinnati Ohio — DATE OF BURIAL: Feb 7 1928

20. UNDERTAKER: S. W. Newcomer's Sons — ADDRESS: K.C. 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.

...MONTHS IS A PERMANENT RECORD

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