

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

Do not use this space.

5376

**1. PLACE OF DEATH**

County Jasper Registration District No. 41102 File No. \_\_\_\_\_  
 Township Galeton Primary Registration District No. \_\_\_\_\_ Registered No. 96  
 City Joplin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Henry Schumacher  
 (a) Residence No. 1201 Murphy St. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Schumacher

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1928  
 17. I HEREBY CERTIFY That I attended deceased from Feb 27 1928 to Feb 27th 1928 (that I last saw h. m.) alive on Feb 27th 1928 and that death occurred, on the date stated above, at 6:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8-1851  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
76 | 7 | 19

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angina Pectoris  
 (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.

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

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_ X  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) W. Benson Clark M. D.  
 (Address) Joplin Mo

9. BIRTHPLACE (CITY OR TOWN) Rock Port (STATE OR COUNTRY) Ind  
 10. NAME OF FATHER Henry Schumacher  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER No Record  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT W. H. Schumacher (Address) 1201 Murphy Joplin

\*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 Gore Okla DATE OF BURIAL Mar 3/ 1928  
 20. UNDERTAKER The Frank Seuss Joplin ADDRESS \_\_\_\_\_

15. FILED 2/28 1928 W. Benson Clark REGISTRAR

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.

EMMENT RECORD

MAR 19 1928

