

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

Do not use this space.

23301

1. PLACE OF DEATH
 County Clay Registration District No. 197
 Township Saldaun Primary Registration District No. 5276 File No. _____
 City No. 1st & 1st St. (No. 1st & 1st St. No. Kansas City) Registered No. 413 (Ward) _____

2. FULL NAME Doris Schroeder
 (a) Residence No. R 7 D 4 No. R O 1760 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 70 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 | 2 | 2 | _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home 95B
 (b) General nature of industry, business, or establishment in which employed (or employer) 1180
 (c) Name of employer _____

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

10. NAME OF FATHER John Hoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Joseph Schroeder
 (Address) No. R. O. 1760

15. FILED July 27 1928 J. D. Dagg REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1928

17. I HEREBY CERTIFY that I attended deceased from Jan 12 1928 to July 26 1928 that I last saw him alive on July 24 1928, and that death occurred, on the date stated above at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bulbar Paralysis Right
side of Heart
Acute Indigestion

(duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY) Cardiac Infarction
 (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHY TEST CONFIRMED DIAGNOSIS Stenog. Duplain
Stenog. J. G. R. Dagg M. D.
 (Signed) July 27 1928 (Address) 11th Kansas City 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 German Cem DATE OF BURIAL 7-28 1928

20. UNDERTAKER Mo. C. L. Fustic ADDRESS 918 Brooklyn

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.

