3 25 1928 Dr. Clark

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

Do not use this space.

26828

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)
Registration District No. 213
Primary Registration District No. 3014
File No.
Registered No. 193

2. FULL NAME Mrs. Sophia Schwoerer
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Female
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: Dr. Geo. L. Schwoerer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-25-1855

7. AGE: Years 73, Months 4, Days 17. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City, Mo

PARENTS
10. NAME OF FATHER: Francis Roer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Helena Roer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: F.W. Roer
(Address) Jefferson City, Missouri

15. FILED 9-5, 1928 S. V. Bedford, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 11 1928

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to Aug 11, 1928 that I last saw her alive on Aug. 11, 1928, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis
[illegible]
[illegible] (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) Carb Knee (duration) yrs. mos. 10 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? Clinical
(Signed) W. A. Clark, M.D.
8/13/, 1928 (Address) Trust Bldg. Jefferson 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: St. Peters Cemetery
DATE OF BURIAL: Aug-14 1928
20. UNDERTAKER: Wymore-Gordon Und. Co.
ADDRESS: J.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.