JAN 22 1929

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

Do not use this space.

39968

1. PLACE OF DEATH
County Cole
Township Jefferson
City (No. ..... St. ..... Ward)
Registration District No. 213
Primary Registration District No. 3014
File No. 1
Registered No. 18

2. FULL NAME Anna Schneider
(a) Residence. No. 1117 Park Pl St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~MUSBAND OF~~ (OR) WIFE OF Chris Schneider

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10-1887

7. AGE: Years 41, Months 11, Days 1. 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) at Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brazito
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Jno Raithel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jeff City
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Barbara Henry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Taos Mo
(STATE OR COUNTRY)

14. INFORMANT Chris Schneider
(Address) 1117 Park Pl

15. FILED ~~12-22-28~~ 1-15-29 S.V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1926, to Dec 20, 1928 that I last saw h. w alive on Dec 20, 1928, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic myocarditis

920 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 903 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S.V. Bedford, M. D
12-22, 1928 (Address) J C 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: Fairview Cem
DATE OF BURIAL: 12/23 1928

20. UNDERTAKER: Hanson & Tanner
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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD