

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JAN 28 1929

42039

1. PLACE OF DEATH

County.....

Township.....

City.....

*Phelps
Cold Springs*

Registration District No.....

Primary Registration District No.....

*479
5907*

File No.....

Registered No.....

St.....

Ward.....

4

2. FULL NAME

(a) Residence. No.....

(Usual place of abode)

St.....

Ward.....

(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.

Gertrude Schwartz

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

John Schwartz

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

Apr 11 1847

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

81

8

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

Housewife

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Germany
Shuler
Germany
Dout-Know
Germany*

14.

INFORMANT (Address)

15.

FILED

DEC 22 19 28

*Jacob Schwartz
Rolla Mo
Park Williams
REGISTRAR*

MEDICAL CERTIFICATE OF DEATH

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

Dec 15 1928

17.

I HEREBY CERTIFY That I attended deceased from *Dec 15 1928* to *Dec 15 1928* that I last saw him alive on *Dec 15 1928*, and that death occurred, on the date stated above, at *11:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Cholera
12 9 1928
12 4 1928*

CONTRIBUTORY (SECONDARY)

None

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

no

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed).....

, 19 (Address)

*St. Joseph's Hospital
Rolla 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

DATE OF BURIAL

*Elk Prairie
12-18-1928*

20. UNDERTAKER

ADDRESS

*H R McCaw
Rolla Mo*

