

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

Do not use this space.

1399

EB 2 1929
 48
 9
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 235
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 2

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.

1. PLACE OF DEATH

County Jefferson
 Township Blue
 City Independence Mo (No. Independence Sanitation)

Registration District No. 298
 Primary Registration District No. 3819

File No.
 Registered No. 6
 St. Ward)

2. FULL NAME

Mary Cha Schaub
 (a) Residence. No. 1827 Arlington 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. 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) Don't know

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10 - 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 2 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Mkr
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Billion Co
 (STATE OR COUNTRY) Mo

*10. NAME OF FATHER bb Hen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Agrian Co
 (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Mrs Neff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Paris
 (STATE OR COUNTRY) Ill

14. INFORMANT William A Herr
 (Address) Anthony

15. FILED 1-7, 1929 7 2 am REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1929

17. I HEREBY CERTIFY that I attended deceased from 4th Jan 1929 to 5th Jan 1929
 that I last saw him alive on 4th Jan 1929 and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Diabetes unknown
Diabetic Coma
59 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. 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. Herr M. D.

1-7, 1929 (Address) Independence 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

Wakita Cemetery Jan 9 1929

20. UNDERTAKER ADDRESS

Ott & Mitchell Indep. Mo.

