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

Do not use this space.

2222

File No. .....

Registered No. .....

1929 B 54 6 4

1. PLACE OF DEATH

County: Lafayette

Township: Lexington

City: ..... (No. ..... St. ..... Ward)

Registration District No. 46

Primary Registration District No. 3024

2. FULL NAME Joseph Schaal

(a) Residence. No. ..... 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: Male

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24-1848.

7. AGE: Years 80 | Months 11 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

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

(c) Name of employer: .....

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

PARENTS

10. NAME OF FATHER Joseph Schaal

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT Joseph H. Schaal (Address) Kansas City Mo (Port Hill)

15. Filed Jan 10, 1929. J. D. Cope, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1929.

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to Jan 10, 1929, that I last saw him alive on Jan 10, 1929, and that death occurred, on the date stated above, at 1:28 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arteriosclerosis

77

Coma (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 116

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O. G. Pegoard, M. D.

Jan 10, 1929 (Address) Lexington 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: Lexington Mo — DATE OF BURIAL: Jan 12 1929

20. UNDERTAKER: Ernest Fregert — ADDRESS: Lexington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.