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

Do not use this space.

File No. 33816
Registered No. 298

1. PLACE OF DEATH

County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. 3436 Montgall St. Ward)

2. FULL NAME William C. Schumann

(a) Residence. No. 3436 Montgall St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 1, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	54	9	15	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: McPike Drug Co.

9. BIRTHPLACE (CITY OR TOWN): St. Louis,
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Frederick Schumann
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Hedwig Botefeahr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Emma Schumann
(Address): 3436 Montgall

15. FILED 10/17 1929 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 10/12/29, 1929, to 10/16, 1929, that I last saw h. alive on 10/16, 1929; and that death occurred, on the date stated above, at 9:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo. Carcinoma
97 P.
111 B
Pancreatic Secondary (Duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pneumonia Edema of Lungs (Duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Physical Sign
(Signed) L. P. Hand, M. D.
10/19, 1929 (Address) 638 Langham

*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: Davenport, Iowa — DATE OF BURIAL: 10-18 1929

20. UNDERTAKER: R. V. Lindsey & Sons, Inc. — ADDRESS: Kansas City, 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.

WRITE PERMANENT WITH INDIAN INK—THIS IS A PERMANENT RECORD