

MAR 25 1930

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

Do not use this space.

4477

1. PLACE OF DEATH

County Copiah
Township
City Donnell (No., St. Ward)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 716

2. FULL NAME

Elie Melvin Schaubert

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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.

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 HUSBAND OF (OR) WIFE OF Phillip A. Schaubert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 11 25

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Joseph Lynch

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

12. MAIDEN NAME OF MOTHER Farnsworth

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

14. INFORMANT Phillip A. Schaubert (Address) Marshall Mo.

15. FILED Mar 28 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1930, to Feb 27, 1930, that I last saw him/her alive on Feb 27, 1930, and that death occurred, on the date stated above, at 4-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of left breast.

Myocarditis chronic (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Marshall, Mo

1 DID AN OPERATION PRECEDE DEATH. DATE OF Feb 27 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Blair Roseberry, M. D. (Address) Donnell, Mo

*State the DISEASE CAUSING DEATHS, 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

Ridge Park Ave Feb 28 1930

20. UNDERTAKER W. N. Campbell ADDRESS Marshall

