MAR 28 1930

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

Do not use this space.

5940

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No.

Township — Primary Registration District No. 3032 — Registered No. 39

City Sedalia (No. St. Mary's Hospital St. Ward)

2. FULL NAME Ardnt Schnockenberg

(a) Residence. No. Cole Camp Mo St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-6-1861

7. AGE 68 YEARS 8 MONTHS 29 DAYS — 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)
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Schnockenberg
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT August Schnockenberg
(Address) Cole Camp Mo

15. FILED 2-10 1930 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-5-30 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1930 to Feb 5, 1930 that I last saw him alive on Feb 5, 1930 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
92 A
11 B (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Mitral Lesion
Don't Know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Harry Bay, M. D
2-6, 1930 (Address) Cole Camp, 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: Trinity Lutheran Cemetery — DATE OF BURIAL: 2-7-30

20. UNDERTAKER: E. L. Eickhoff — ADDRESS: Cole Camp Mo

...ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...n terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.