

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

Do not use this space.

6 7977  
File No. \_\_\_\_\_  
Registered No. 126  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township Cape Girardeau Primary Registration District No. 3009  
City Cape Girardeau, Mo.

**2. FULL NAME**

(a) Residence No. Gertrude Schwan Ward. \_\_\_\_\_  
(Usual place of abode) Carbournville, Mo. (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) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
16 8 3

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Frederic

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

12. MAIDEN NAME OF MOTHER Wutzgaw

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

14. INFORMANT Mrs. F. Miller  
(Address) Cape Girardeau, Mo.

15. FILED 3/17 30 REGISTRAR H. W. Jager

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from 3-13-1930 to 3-16-1930, 1930, that I last saw h. a. v. alive on 3-16-1930 and that death occurred, on the date stated above, at 1:40 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia

108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10/10 (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? \_\_\_\_\_

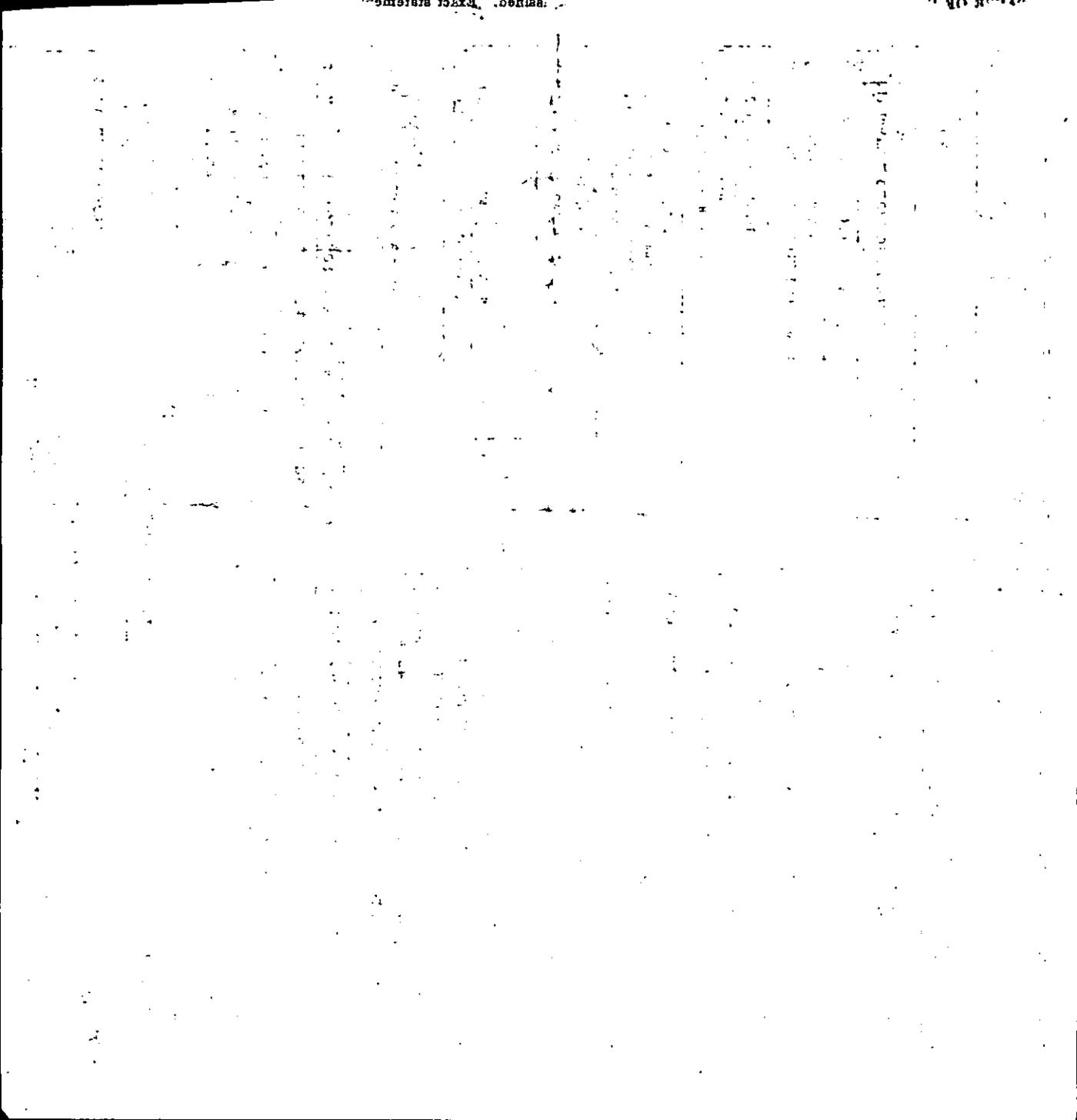
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. L. Schaeen, M. D.  
, 19 (Address) Jackson 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 St. Marys Cemetery DATE OF BURIAL March 18 1930

20. UNDERTAKER W. B. Kopt ADDRESS 5-36 Broadway



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH. *Cape Girardeau* Registration District No. *125* File No. *6*  
 County *W. S. S.* Township *2009* Registered No. *126*  
 City *St. Louis* (No. *399* Ward)

2. FULL NAME *Gertrude Schwab*  
 (a) Residence *Gordonville mo* St. *Ward.* (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) *wid*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mr. J. J. Schwab*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 13 - 1853*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*76 8 3*

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *Housework*  
 (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) *Germany*

10. NAME OF FATHER *Theresia*

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) *Germany*

14. INFORMANT *Mrs. F. Miller*  
 (Address) *Cape Girardeau mo*

15. FILED *5/21 1930* *W. Kauffman* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 16 1930*

17. I HEREBY CERTIFY That I attended deceased from *2-13-30* to *3-16-30*, 19 *30*  
 that I last saw h. *alive* on *3-16-30*, and that death occurred, on the date *above*, at *1:40 P.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Lobar Pneumonia*  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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) *E. R. Schaen*, M. D.  
 , 19 *30* (Address) *Jackson 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 *St. Marys Cemetery* DATE OF BURIAL *Mar 18 1930*

20. UNDERTAKER *Al Brunkopf* ADDRESS *536 Broadway*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH IN plain terms, so that it may be properly classified

5-7977