

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

Do not use this space.

20291

1. PLACE OF DEATH

County Pike
Township Ashley
City (No.)

Registration District No. 683
Primary Registration District No. 5911

File No.
Registered No.
St. Ward)

2. FULL NAME

Annie E. Schuekenbrock

(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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Schuekenbrock
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 10 - 1863
7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
67 2 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

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

10. NAME OF FATHER Schneider
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Went K. Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT J. E. Schuekenbrock
(Address) Bowling Green, Mo.

15. FILED 6/11, 1930 R. M. Hetherlin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28th. 1930
17. I HEREBY CERTIFY, That I attended deceased from Jany to June 28th. 1930
that I last saw her alive on June 28th. to 8:10 P. and that death occurred, on the date stated above, at 8:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis
131
578 (duration) 3 yrs. mos. 7 ds.
CONTRIBUTORY Arthritis deformans
(SECONDARY) (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings
(Signed) J. E. Schuekenbrock M. D.
(Address) Bowling Green, 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 DATE OF BURIAL
St. Clare's Cemetery 7-2-1930
20. UNDERTAKER ADDRESS
Grace Burghard Bowling Green, 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.

