SEP 25 1930

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

Do not use this space.

27315

1. PLACE OF DEATH

County: Marion — Registration District No. 548 — File No.

Township: ~~Liberty~~ — Primary Registration District No. 4323 — Registered No. 42

City: Palmyra (No. ..... St. ..... Ward)

2. FULL NAME Fredrick Earnest Schoenborn

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

Length of residence in city or town where death occurred 19 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 29, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	26	6	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Button Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Marion County
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Rudolph Schoenborn

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

12. MAIDEN NAME OF MOTHER: Pauline Lehenbauer

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

14. INFORMANT: Miss Lena Schoenborn
(Address): Palmyra, Mo.

15. FILED 8-25, 1930 — [signature] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 23, 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18 '30, 19..., to Aug. 23, 1930 that I last saw him alive on Aug. 23, 1930 and that death occurred, on the date stated above, at 9: a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Incarcerated Hernia - at last a sinking spell and heart giving away.

1928 (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) P. H. Stuhlman, D.O. ~~M.D.~~
8-25, 1930 (Address) Palmyra, 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
Greenwood Cemetery	8/26 1930
20. UNDERTAKER: Lewis Bead	ADDRESS: Palmyra, 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.