NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau, Mo Registration District No. 125
Township Cape Girardeau, Mo Primary Registration District No. 3009
City Cape Girardeau (No. 1115 William St. Ward)

File No. 32274
Registered No. 325

2. FULL NAME Wilson Emil Schwab
(a) Residence. No. 1115 William 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24. 1906

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
24	5	11	

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

9. BIRTHPLACE (CITY OR TOWN) Cape County,
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Mr John Schwab
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape County
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Julia Kreppel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape County
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. W. E. Schwab
(Address) 1115 William

15. FILED 10/6, 1930 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1930, to Oct 3rd, 1930 that I last saw him alive on Oct 3rd, 1930, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Abscess,
(non tubercular)
114B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10/01 (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? symptoms
(Signed) G B Schultz, M. D.
10-6-, 1930 (Address) Cape Girardeau, 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
Fairmont	Oct 7 1930

20. UNDERTAKER	ADDRESS
Al Brinkopf	536 Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.