

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

Do not use this space.

1296 127

1. PLACE OF DEATH

County Jackson
Township Traw
City Kan City (No. 1126 Pearl St)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. 7 Ward

2. FULL NAME

Rosa M. Schaub

(a) Residence. No. 1126 - Pearl St., 7 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 John

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>7</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) 223
(c) Name of employer

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

10. NAME OF FATHER John Myer

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

12. MAIDEN NAME OF MOTHER - Miller

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

14. INFORMANT L. S. Schaub
(Address) 1126 Pearl St.

15. FILED 1-30-31 m m crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1930, to January 7, 1931 that I last saw her alive on Jan 7, 1930, and that death occurred, on the date stated above, at 3:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial failure.

CONTRIBUTORY (SECONDARY) Diabetes and Arteriosclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 59

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physicall Examination
(Signed) Dwery R. Thore M. D.

1-7-1931 (Address) 1010 Professional Bldg

*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

Forest Hill

DATE OF BURIAL 1-10 1931

20. UNDERTAKER

H. Bergman

ADDRESS City.

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.

WHITE LABEL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

