MAR 27 1931

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

Do not use this space.

6812

File No.

Registered No. 31

1. PLACE OF DEATH

County St. Francois — Registration District No. 773

Township St. Francois — Primary Registration District No. 6018A

Near City Farmington, Mo. (No. 4 St. Ward)

2. FULL NAME Clarence Edward Schuchert

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

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mary Jaressen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known

7. AGE: YEARS 60 — MONTHS 2 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist 201

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chester Ill. 43

FATHER

13. NAME: John Schuchert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover Germany 12

MOTHER

15. MAIDEN NAME: Eletha Ford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Koskashia Ill. 2

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cape Girardeau DATE 2-1- 1931

19. UNDERTAKER (ADDRESS): Walther Und Co Cape G. Mo

20. FILED 2-27 1931 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1931, to 2-27, 1931

I last saw him alive on 2-27, 1931. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane — Date of onset

1948

Other contributory causes of importance:

Symptoms of aspiration Pneumonia also infection of urinary bladder and Prostate developed 36 hrs after injury

Name of operation: Repair of nearly severed nose Date of 2-21-31

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2-21, 1931

Where did injury occur? on ward of Hosp. #4 at Farmington (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. as stated above

Manner of injury During Paritic confusion crashed window

Nature of injury nearly completely severed nose

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. S. Tate ; M. D.

(Address) Hosp. #4 Farmington Mo.

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.