

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

Do not use this space.

8582

1. PLACE OF DEATH
 County Warren Registration District No. 882
 Township Richards Primary Registration District No. 6174
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME Isa Louise Schemmer
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1st 1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
0 0 5 8
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Warren Co Mo
 (STATE OR COUNTRY) _____

PARENTS
 10. NAME OF FATHER Walter J Schemmer
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warren Co Mo
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Viola D Hegener
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warren Co Mo
 (STATE OR COUNTRY) _____

14. INFORMANT Walter J Schemmer
 (Address) Wright City Mo
 15. FILED 46/31 1931 Edithes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6th 1931
 17. I HEREBY CERTIFY, That I attended deceased from Feb 5th 1931 to Feb 6th 1931 that I last saw her alive on Feb 5th 1931 and that death occurred, on the date stated above, at 12:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Convulsions, Cause unknown
 (duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED (1)
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) W J Clarenbach M. D.
2/6 1931 (Address) Wright City 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 Wright City Cem DATE OF BURIAL 2/7 1931
 20. UNDERTAKER W. S. Meturg ADDRESS Wright City 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.

MAR - 7 1931

