

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

Do not use this space.

1. PLACE OF DEATH

County Ruchouee Registration District No. 85
Township St Joseph Mo Primary Registration District No. 1001
City St Joseph Mo State Hospital # 2

File No. 13211
Registered No. 377
St. _____ Ward _____

2. FULL NAME

(a) Residence No. St Joseph Mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1874

7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
56 8 11

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

9. BIRTHPLACE (CITY OR TOWN) St Joseph Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Chas Schaffnit

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT State Hospital Record
(Address) St Joseph Mo

15. APR FILED 8 1931 John Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 27 1931 to Apr 6 1931 and that I last saw him alive on Apr 6 1931 and that death occurred, on the date stated above, at 1256 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Grave Pneumonia
7707a (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) none
(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?
(Signed) W. Miles, M. D.

Apr 6 1931 (Address) St Joseph 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 Ashland DATE OF BURIAL April 8 1931

20. UNDERTAKER Eleman Funeral Home ADDRESS 1946 Calhoun

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.

MAY 2 1 1931

