

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

Do not use this space.

17369

1. PLACE OF DEATH

County Cass

Registration District No. 126

Township Grandview

Primary Registration District No. 11000

City Harrisonville

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME Herman Scheuble

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode) (if nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 9 - 1865</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>-</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Common</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1930</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York City, New York</u>		
FATHER	13. NAME <u>Friedrich Scheuble</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Haldegard Franz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Homer J. Clark</u> (ADDRESS) <u>Harrisonville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Orient</u> DATE <u>6/2</u> 19 <u>31</u>		
19. UNDERTAKER <u>Rummenberg Bros + Co</u> (ADDRESS) <u>Harrisonville Mo</u>		
20. FILED <u>6/31</u> 19 <u>31</u> <u>ASB</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31 1931

22. I HEREBY CERTIFY, That I attended deceased from March, 1931, to May, 1931.
I last saw him alive on May 30, 1931. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
chronic interstitial nephritis
cause unknown
Date of onset _____

Other contributory causes of importance:
1931

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A.R. Eldar, M. D.
(Address) Harrisonville 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.

JUN 24 1931

- or Elder -

