

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.

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

Do not use this space.

22553

1. PLACE OF DEATH
 County St. Clair Registration District No. 769
 Township Speedwell Primary Registration District No. 6015-
 City Weldon (No. _____) St. _____ Ward _____

2. FULL NAME Mina June Schaffer
 (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 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 24 - 1931</u>		
7. AGE YEARS <u>Infant</u>	MONTHS	DAYS
If LESS than 1 day, <u>12</u> hrs. or <u>12</u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Infant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Griffin Mo 1</u>		
FATHER	13. NAME <u>Albert Schaffer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>San Francisco Calif 2</u>	
MOTHER	15. MAIDEN NAME <u>Lula Kallebrew</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Clair Co Mo 1</u>	
17. INFORMANT <u>Lula Kallebrew (mother)</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Peaceful Spgs</u> DATE <u>June 25</u> 19 <u>31</u>		
19. UNDERTAKER <u>None (Father) aka Dr Schaffer</u> (ADDRESS) <u>Tiffin mo</u>		
20. FILED <u>6-25</u> 19 <u>31</u> <u>J. H. Dawson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-24 1931 to at birth 1931
 I last saw her alive on 6-24 1931. Death is said to have occurred on the date stated above, at 3:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Premature Labor Date of onset 159
159
 Other contributory causes of importance: unknown

Name of operation: None Date of X
 What test confirmed diagnosis? pernatant Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury None 1931
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. None
 Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) J. H. Richardson, M. D.
 (Address) Griffin Mo

JUL 25 1931

