

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.

REC-28 1931

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

Do not use this space.

1. PLACE OF DEATH

County Candolph

Registration District No. 735

Township Moberly

Primary Registration District No. 3034

City Moberly

(No. 476 Woodland)

File No. 38667
Registered No. 218
St. _____ Ward _____

2. FULL NAME

Dorothy L. Schueneman

(a) Residence, No. 476 Woodland 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widowed</u>		
9A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5th 1837</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>93</u>	<u>10</u>	<u>28</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>at home</u>			
	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	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>August Spillmeier</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>u.</u>
	17. INFORMANT <u>John Schueneman</u> (ADDRESS) <u>Moberly Mo</u>
18. BURIAL CREATION OR REMOVAL PLACE	<u>Mountain View</u>
	DATE <u>Jan 3rd 1931</u>
19. UNDERTAKER (ADDRESS) <u>Mahon and Son</u> <u>Moberly Mo</u>	
20. FILED <u>11/3</u> 19 <u>31</u> <u>Thos. Fleming</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1st 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to Jan 1st 1931.
I last saw her alive on Oct 26 1931. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
99
Senility
Senile Atrophy
Other contributory causes of importance:
Atherosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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?
If so, specify _____
(Signed) E. P. Hulse, M. D.
(Address) Moberly Mo

