

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

Do not use this space.

40161

1. PLACE OF DEATH

County Buchanan Registration District No. 82
 Township Marion Primary Registration District No. 5723
 City St. Joseph (No. 12 Miles East of St. Joseph) St. _____ Ward _____

File No. 10
 Registered No. 10

2. FULL NAME Joseph Schleicher

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 9, 1855

7. AGE YEARS- MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer for self

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

12. BIRTHPLACE (CITY OR TOWN) Buchanan Co. (STATE OR COUNTRY) Missouri

13. NAME John Schleicher

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary Stehle

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

17. INFORMANT Jacob Kessler (ADDRESS) Easton Missouri

18. BURIAL, CREMATION, OR REMOVAL Hurlinger Cemetery
 PLACE Hurlinger Mo. DATE Dec. 30, 1931

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union St St Joseph Mo.

20. FILED 1/11, 1932 H. J. Biggs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset _____

Other contributory causes of importance: none

Name of operation NOTE Date of _____
 What test confirmed diagnosis? History 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) H. W. Tadlock Coroner, M. D.
 (Address) 821 Francis

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.

JAN 19 1932

OCCUPATION

FATHER

MOTHER

