

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

Do not use this space.

1644
3

FEB 24 1932

1. PLACE OF DEATH
 56 County Lewis Registration District No. 481
 Township La Belle Primary Registration District No. 564313
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 2

2. FULL NAME Charles C. Schnellbacher

(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 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12. 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Jan. 1, 1932 11. Total time (years) spent in this occupation Several

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubuque Iowa. 2

13. NAME Adam Schnellbacher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Christina Hagar

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

17. INFORMANT (ADDRESS) Jules Schnellbacher
Lewistown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy, Ill. DATE Jan. 27, 1932

19. UNDERTAKER (ADDRESS) James U. Coder
Lewistown Mo

20. FILED Jan 26 1932 J. B. Brown Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1932

22. I HEREBY CERTIFY That I attended deceased from January 24, 1932 to January 26, 1932
 last saw h. im. alive on January 26, 1932 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma and Bronchial Pneumonia

107A / 107B / 112

Other contributory causes of importance: Chronicity of attacks of Bronchial Asthma

Date of onset
Jan. 21
Jan. 23

Name of operation none Date of _____
 What test confirmed diagnosis? physical 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? Yes
 If so, specify Work in laundry caused bronchial attacks and lung
 (Signed) R. B. Schufeldt, M. D.
 (Address) Lewistown Mo.

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.

