

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

Do not use this space.

**1. PLACE OF DEATH**

36 County FRANKLIN  
Township CALVEK  
City CATAWISSA (No. \_\_\_\_\_)

Registration District No. 293  
Primary Registration District No. 5416

File No. 4258  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

OSABELLE 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 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF EDWARD-SCHAFFER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 12-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 0 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) JEFFERSON COUNTY

MOTHER FATHER 13. NAME WILLIAM SCHAFFER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JEFFERSON COUNTY

MOTHER FATHER 15. MAIDEN NAME MARY RICHTER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JEFFERSON COUNTY

17. INFORMANT (ADDRESS) E. W. Schaffer

18. BURIAL, CREMATION, OR REMOVAL PLACE PACIFIC DATE 2-16-1932

19. UNDERTAKER (ADDRESS) B. L. Scherer

20. FILED Feb. 15 1932 Hel. M. J. Miller Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1931, to Feb. 14, 1932

I last saw her alive on Feb. 14, 1932 Death is said to have occurred on the date stated above, at 12 P.m.

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

Diabetes Mellitus 59  
59  
10-7-19  
Broncho Pneumonia 7/9/32

Other contributory causes of importance: 0

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Wm. J. Semple, M. D.

(Address) Pacific 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.

1932

