

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

Do not use this space.

8262

1. PLACE OF DEATH

#1 County Iron Registration District No. 391
Township Arcadia Primary Registration District No. 5546a
City..... (No.)..... St. Ward)

File No.....
Registered No. 14
St. Ward)

2. FULL NAME

Ida Schroeder
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Schroeder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 4 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Austria Hungary³

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

12. MAIDEN NAME OF MOTHER Ella Kuehnert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

14. INFORMANT Wm Schroeder
(Address)

15. FILED 3/20 1932 R. A. Rasche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1932

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 5:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Burned to death in her home which was destroyed by fire on above date
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 180 180
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 25
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF (D)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edward R G Bamshors, M. D.
3/20 1932 (Address) Fronton Mo, Coburn

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cove Cemetery DATE OF BURIAL Mar 20 1932

20. UNDERTAKER Arcadia Valley Undertaking Company ADDRESS Fronton 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.

