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.

AUG 29 1932

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

Do not use this space.

22472

1. PLACE OF DEATH

37 County GASCONADE — Registration District No. 203 — File No.

2 Township — Primary Registration District No. 4182 — Registered No. 12

6 City HERMANN (No. , St. Ward)

2. FULL NAME KATY SCHANNUTH

(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 5 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: FRANK SCHANNUTH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN. 6-1870

7. AGE: YEARS 62 — MONTHS 6 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hwf
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): LITTLE BERGER, MO.

FATHER

13. NAME: AUG. SCHEIDEGGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY 10

MOTHER

15. MAIDEN NAME: MARY ERNY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): MRS. HERM. STEINMETZ HERMANN, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE J. GLATZ FARM CEM. DATE 7/12 1932

19. UNDERTAKER (ADDRESS): HUGO BLUMER HERMANN, MO

20. FILED 7-9- 1932 Anna K. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to July 9, 1932

I last saw her alive on July 9, 1932. Death is said to have occurred on the date stated above, at 1030 a.m.

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

Nephritis — Date of onset 5/31

1932

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Lab. 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? No

If so, specify

(Signed) F. H. Caughell, M. D.

(Address) Herman Mo