WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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 25 1932

V. S. No. 2.

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

Do not use this space.

23489

1. PLACE OF DEATH
County Montgomery  Registration District No. 593  File No. 82
Township ~~[illegible]~~  Primary Registration District No. 4351  Registered No.
City New Florence (No. St. Ward)

2. FULL NAME Robert Earnest Schroeder

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 46 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: Husband, Sopha Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 28-1848

7. AGE: YEARS 83 | MONTHS 9 | DAYS 26 | If LESS than 1 day, ......hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: from Business
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): Germany

FATHER
13. NAME: Earnest Schroeder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Johanna Fabin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Mrs H. H. Branstetter
(ADDRESS): New Florence Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wright City  DATE 7/25 1932

19. UNDERTAKER: E. D. Bush
(ADDRESS): New Florence Mo

20. FILED 8/5 1932 James O. Helm M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5th, 1932, 19...., to July 24th 1932, 19....
I last saw him alive on July 23rd, 1932, 19.... Death is said to have occurred on the date stated above, at 9:10 A. M.
The principal cause of death and related causes of importance were as follows:

| Cause | Date of onset |
|---|---|
| Bronchitis Chronic (Tubercular) | |
| Arteriosclerosis | 15 yrs |

224 131

Other contributory causes of importance:

| Cause | Date of onset |
|---|---|
| Parenchymatous Nephritis (Chronic) | 10 Yrs |

Name of operation XXXXXXXXXXXXXXXXXXXXXXXXXXXXX Date of
What test confirmed diagnosis? Lab. & Clin. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XXXXXXXX Date of injury XXXXXXXXXX 19
Where did injury occur? XXXXXXXXXXXXXXXXXXXXXXXXXXXX
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Manner of injury XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Nature of injury XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

24. Was disease or injury in any way related to occupation of deceased? XXXXXX
If so, specify XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

(Signed) Douglas Hyatt, M.D.
(Address) New Florence, Missouri.