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.

OCT 25 1932

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

Do not use this space.

28812

1. PLACE OF DEATH

26 County Cole — Registration District No. 213 — File No. 219

3 Township Jefferson — Primary Registration District No. 3014 — Registered No.

8 City City (No. , St. Ward)

2. FULL NAME Edgar Leonard Schneider

(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 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-5-1932

7. AGE — YEARS: — MONTHS: 2 — DAYS: 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo

FATHER
13. NAME Oscar F. Schneider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

MOTHER
15. MAIDEN NAME Mattie Connell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo

17. INFORMANT (ADDRESS) Oscar F. Schneider, Jefferson City, Mo. RR#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE Sept-10- 1932

19. UNDERTAKER (ADDRESS) Thos. J. Gordon, Jefferson City, Mo.

20. FILED 9/27/ 1932 W. Bedford, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

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

Gallitis — Date of onset

119B

159 — 119

Other contributory causes of importance:

Prematurity (1)

Name of operation No — Date of

What test confirmed diagnosis? — 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? No

If so, specify

(Signed) W. Bedford, M. D.

(Address) J. C. Mo.