

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

Do not use this space.

29262

1. PLACE OF DEATH

County Jackson
Township Star
City Kennett Mo.

Registration District No.

Primary Registration District No.

File No.
Registered No. 3435
St. Ward

2. FULL NAME

(a) Residence, No. 1829 Mercier St. 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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 Charles Schellus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-28-1904

7. AGE YEARS 27 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.

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

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) Mineau

13. NAME John Roper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Laura Felbridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineau

17. INFORMANT Rebecca Schlichty (ADDRESS) 7th. Kennett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE Sept 12, 1932

19. UNDERTAKER Quirk & Tobin (ADDRESS) 237 1/2 N. 7th. Kennett Mo.

20. FILED 9-11-32 Registrar Wm. M. Th. Cerome

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-9-1932 to 9-10-1932

I last saw her alive on 11:20 P. 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:

Ulcerative colitis
infected abortion

Date of onset

Other contributory causes of importance: 140

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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) R. E. Williams M. D.

(Address) Kennett Mo. Dept. AC 24

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.

