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.

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

Do not use this space.

B. N. 35620

File No. 4114

Registered No.

1. PLACE OF DEATH
County Jackson Registration District No.
Township Kaw Primary Registration District No.
City K. C. Mo. (No. K. C. General Hospital St. Ward)

2. FULL NAME Adolph Schwab

(a) Residence, No. 923 Goodman St., 2 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-18-1858

7. AGE: YEARS 74 | MONTHS 8 | DAYS 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Germany 10

FATHER
13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " No record 31

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " No record

17. INFORMANT Mrs. F. F. Maeda
(ADDRESS) Shawnee, Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 11-4-32

19. UNDERTAKER Mrs. G. L. Foster
(ADDRESS) 918 Broadway

20. FILED 11/3 1932 320 N. Mt. Grove
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 19.. to Now, 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:

	Date of onset
Accidental automobile	
hemorrhage	
910	
Other contributory causes of importance: Pneumonia (7) K. C. Mo	2 wk

Name of operation ..... Date of ....
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 19..
Where did injury occur? K. C. Mo.
(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) [illegible], M. D.
(Address) [illegible]