

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

Do not use this space.

36386

1. PLACE OF DEATH
 64 County Iron Registration District No. 547
 1 Township Mason Primary Registration District No. 307
 8 City Hannibal (No. St. Elizabeth) St. _____ Ward _____

2. FULL NAME Hermine Schwaet
 (a) Residence, No. 229 Broadway St. 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 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 William J.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5th 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 7
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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
 13. NAME Conrad Hall 8
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 1
 17. INFORMANT William J. Schwaet
 (ADDRESS) Hannibal, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE mt @ brenton DATE 11/16/32
 19. UNDERTAKER James O'Donnell
 (ADDRESS) Hannibal, Mo
 20. FILE NO. 1632 Registrar W. C. Cassard

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 12th 1932
 22. HEREBY CERTIFY, That I attended deceased from May, 1932 to 11-12-32.
 I last saw h. e alive on 11-12, 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
(Coronary occlusion) Date of onset
Myocarditis
930
948 9310
97
 Other contributory causes of importance:
Arterio sclerosis
 Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ M. D.
 (Signed) J. H. Seelye
 (Address) Hannibal, Mo

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.

JAN 8 1933

