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 21 1933

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 38586
Township — Primary Registration District No. 1001 — Registered No. 1309
City St. Joseph. (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Sophie F. Schott.
(a) Residence, No. 2926 Sacramento St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 53 yrs. 5 mos. 9 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: Edmund Schott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18, 1879.
7. AGE: YEARS 53 — MONTHS 5 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: 2 55
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): St. Joseph, Missouri. 1

FATHER
13. NAME: Thomas Dandurant.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Missouri.

MOTHER
15. MAIDEN NAME: Rosanna Clark.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. England. 8

17. INFORMANT (ADDRESS): Edmund Schott 2926 Sacramento
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cemetery DATE Dec. 29, 1932
19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union St. St. Joseph Mo.
20. FILED Dec 27 1932 John R. Bender Registrar.

4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 27, 1932
22. I HEREBY CERTIFY, That I attended deceased from 15 years past, 19.., to Dec 27, 1932
I last saw her alive on Dec 26, 1932. Death is said to have occurred on the date stated above, at 8:40A. m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis of coronary arteries
93D
94B
87

Date of onset: Don't know many years ago

Other contributory causes of importance:
Myocarditis
General arteriosclerosis
Decompensation

Name of operation: No — Date of —
What test confirmed diagnosis? None — 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) Daniel Morton, M. D.
(Address) St Joseph Missouri