

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

Do not use this space.

1. PLACE OF DEATH

36

County Franklin
Township Boonville
City Boonville (No.)

Registration District No. 392
Primary Registration District No. 5410

File No. 39142
Registered No. St. Ward

2. FULL NAME

Hessely Scheer

(a) Residence, No. 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 Male 4. COLOR OR RACE W. 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) April 4, 19-26

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 8 20

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) New Haven Conn.

13. NAME Alex Scheer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Conn.

15. MAIDEN NAME Ella Keutholt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Conn.

17. INFORMANT Alex Scheer (ADDRESS) New Haven Conn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville DATE 12-28 1932

19. UNDERTAKER (ADDRESS)

20. FILED 12/24 1932 W. J. Sherbee Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 12. 24 1932 to 12. 24 1932
I last saw him alive on 12. 24 1932. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Coronary disease and infarction
32A
87B
Other contributory causes of importance: fatigue
87B

Name of operation 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? 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) W. J. Sherbee, M. D.
(Address) New Haven

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

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