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

Do not use this space.

File No. 1495 225

Registered No.

1. PLACE OF DEATH
County JACKSON Registration District No.
Township KAW Primary Registration District No.
City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. Ward)

2. FULL NAME MISS DOROTHY LUCILE SCHENEMAN
(a) Residence, No. 336 SOUTH DRURY St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-17-1911
7. AGE: YEARS 21 MONTHS 10 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STUDENT
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CENTRAL BUSINESS COLLEGE
10. Date deceased last worked at this occupation (month and year) DECEMBER-1932
11. Total time (years) spent in this occupation 1 YR.

12. BIRTHPLACE (CITY OR TOWN) OMAHA
(STATE OR COUNTRY) NEBRASKA

FATHER
13. NAME JOHN SCHENEMAN
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME MEDA INCK
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) NEBRASKA

17. INFORMANT MR. JOHN SCHENEMAN
(ADDRESS) 336 SOUTH DRURY
18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE JANUARY-16 1933
19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY MISSOURI
20. FILED 1-14 1933 M. M. Crouch Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY-12 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1933 to Jan 12 1933
I last saw her alive on Jan 12 1933. 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
Acute Staphylococcus Endocarditis	1-2-33
Other contributory causes of importance:	
Secondary - Bacterial infection (Staphylococcus)	1-2-33

Name of operation none Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) H. Caswell Anderson M. D.
(Address) 6520 Indep Ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

S. No. 2

Rev. W. Connelly Anderson
6520 Independence Ave
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