

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

Do not use this space.

12797

**1. PLACE OF DEATH**

County Cooper  
Township Palestine  
City                      No.                     

Registration District No. 219  
Primary Registration District No. 2-8-09

File No. Life  
Registered No. 14  
St.                      Ward                     

**2. FULL NAME**

Theobald Schillb

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                      ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13<sup>th</sup> 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71      11      17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Dec 5<sup>th</sup> 1932 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Booth Mill, Cooper Co Mo.

13. NAME Adam Schillb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Barbara Peltz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Frank Schillb, Bunceton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellingville Mo. DATE May 5<sup>th</sup> 1933

19. UNDERTAKER (ADDRESS) Schwitky Waruhoff, Boonville Mo.

20. FILED 5/9 19 33 Hattie Paxton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from April 29<sup>th</sup> 1933, 1933, to 30 April, 1933

I last saw h.                      alive on 30 April, 1933 Death is said to have occurred on the date stated above, at 11.0 m.

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach  
4613  
Other contributory causes of importance:                     

Name of operation none 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? no  
If so, specify                     

(Signed) Dr R L Anderson (Coroner)  
(Address) Boonville 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.

MAY 22 1933

