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.

AUG 22 1933

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

Do not use this space.

22609

1. PLACE OF DEATH 24
County Clay
Township Gallatin
City Nashua, Mo R1 (No. ..... St. ..... Ward)
Registration District No. 197
Primary Registration District No. 5276
File No. .....
Registered No. .....

2. FULL NAME Mrs Mary Schwarz
(a) Residence, No. Nashua, Mo R1 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. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Schwarz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1836
7. AGE YEARS 96 MONTHS 6 DAYS 11 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. .....
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) Switzerland

FATHER
13. NAME Unknown Cuncy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) Frank Schwarz Pickman Mills Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem DATE July 10 1933
19. UNDERTAKER (ADDRESS) Wagner Funeral Home K.C. Mo.
20. FILED July 9 1933 John S Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1933
22. I HEREBY CERTIFY, That I attended deceased from July 4, 1933, to ....., 19....
I last saw her alive on July 6, 1933. Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age	
186 A	
194 B	
102	

Other contributory causes of importance:
Fell down stairs in the home July 3, 1933
No bones broken. - Shock.

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? accident Date of injury July 3, 1933
Where did injury occur? her home - country - Clay Co Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell down stairs
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Wm H Goodson, M. D.
(Address) Liberty Mo.