

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. OCCUPATION should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

**22825**

**1. PLACE OF DEATH**

County WASCONADE  
Township ROARK  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 303  
Primary Registration District No. 5420

File No. \_\_\_\_\_  
Registered No. 18

**2. FULL NAME**

MARTIN JACOB SCHAUMBURG

(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 <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>EMMA SCHAUMBURG</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT. 30-1869</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>9</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>FARMER</b>		11. Total time (years) spent in this occupation _____
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) _____
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>HERMANN MO</u>		
13. NAME FATHER <u>MARTIN SCHAUMBURG</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>GERMANY</u>		
15. MAIDEN NAME MOTHER <u>BERTHA HOFFER</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>GERMANY</u>		
17. INFORMANT (ADDRESS) <u>Edwin Schaumburg</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dunes Cem.</u> DATE <u>7/17</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Heigo Blumel Hermann Mo</u>		
20. FILED <u>7-16</u> 19 <u>33</u> <u>Annie F. Kuebler</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1933

22. I HEREBY CERTIFY That I attended deceased from I did not attend \_\_\_\_\_, 1933

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:  
Sudden Death

Cyano's Jany verdict was that he deceased came to his death from natural causes

Other contributory causes of importance:  
199 200 10

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) John H. Boehr MD. Carover, M. D.  
(Address) Hermann Mo

