

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

Do not use this space.

30609

1. PLACE OF BIRTH

County Rall
Township Clay
City (No.)

Registration District No. 728 544
Primary Registration District No. 544 5049

File No.
Registered No. FFF
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Fred Schaffer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
71 8 24 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Adams Co Ill.

10. NAME OF FATHER

Harrison Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) United States

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) United States

14.

INFORMANT
(Address)

Fred Schaffer
Naumburg Mo 84

15.

FILED

1010 1933 Morris Short

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 1933

17. I HEREBY CERTIFY, That I attended deceased from in 1931 to —, 19—, that I last saw h. — alive on — some time in, 1931, and that death occurred, on the date stated above, at 3:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Had Pulmonary tuberculosis in some form when I last saw her

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Not Known

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. J. Reichmann, M. D.

Sept 22, 1933 (Address) Oakwood Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Gunnay Ill

Sept 24 1933

20. UNDERTAKER

Ed Blietman

ADDRESS

1021 Wmwood
Quincy Ill

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.

OCT 20 1933

