

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.

JAN 26 1934

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

Do not use this space.

40408

1. PLACE OF BIRTH

County Jackson
Township Washington
City Marion City (No.)

Registration District No. 407
Primary Registration District No. 9535

File No.
Registered No. 66
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. 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 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 Auguste Binde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

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) Germany

13. NAME Wm Schuchardt

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

15. MAIDEN NAME unknown

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

17. INFORMANT Auguste Binde (ADDRESS) Marion City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellton Mo DATE 12-28 1933

19. UNDERTAKER G. H. George & Sons (ADDRESS) Bellton Mo

20. FILED 12-28-1933 D. F. Crain Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26, 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 1927 to Dec 26, 1933
I last saw him alive on Dec 25, 1933. Death is said to have occurred on the date stated above, at 8:58 a.m.

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

Arteriosclerosis Chronica
Myocarditis
59
930
97
Other contributory causes of importance: Myocarditis
15 Nov 1933

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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 no
(Signed) D. F. Crain, M. D.
(Address) Marion City Mo

