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.

1. MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

47 County Saline Registration District No. 744 File No. 7391

Township Elmwood(?) Primary Registration District No. 5037A Registered No. 3

City (No. St. Ward)

2. FULL NAME Mrs Laura Schnitzmeyer.

(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 69 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? 69 yrs. 11 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Mr Ben Schnitzmeyer.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1864

7. AGE 69 YEARS 11 MONTHS 4 DAYS. If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Unknown

FATHER
13. NAME ... Velton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME ~~Laura Velton~~ Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Leo Schnitzmeyer Gilliam Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE All Saints West Glasgow DATE 2-16 1934

19. UNDERTAKER (ADDRESS) Tony Hilla(?) Glasgow Mo

20. FILED 2-10 1934 J H Snodgrass(?) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-15 1933, to 2-14 1934

I last saw her alive on 2-13, 1934 Death is said to have occurred on the date stated above, at 1:40 P.M.

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

Acute Cardiac decompensation
Carcinoma of liver
with metastasis generalized

Other contributory causes of importance:
Nephritis

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Name of operation Cholecystotomy Date of 9-1-33

What test confirmed diagnosis? Biopsy Was there an autopsy? no

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) J W Gardner, M. D.
(Address) Glasgow, Mo