

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1908**

City.....

(No. **809 N. 154 St.**)

File No. **11421**

Registered No. **3433**

St. Ward)

2. FULL NAME

(a) Residence, No. **809 N. 154**

St. **258** Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

unknown

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

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt 74

✓

✓

✓

OCCUPATION

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

at home

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)

Illinois

FATHER

13. NAME

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

UNKNOWN

MOTHER

15. MAIDEN NAME

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

UNKNOWN

17. INFORMANT (ADDRESS)

Harold N. Schuh corner office

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Potters Field**

DATE **4/6**

19. 34

19. UNDERTAKER (ADDRESS)

Teach Bros 3024 2 1/2 Lafayette way

20. FILED

19

J. J. Pieduck

Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

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

3-11-1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at **7:00** m.

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

Chronic - Myocarditis

7:30 AM
9:30 AM
9:30 AM

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?

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)

(Address)

Harold N. Schuh
1534

