

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.

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

Do not use this space.

MAY 25 1934

13121

1. PLACE OF DEATH

County JACKSON Registration District No. 379
Township RAW Primary Registration District No. 111
City KANSAS CITY (No. MENORAH HOSPITAL)

File No. 13121
Registered No. 13121
St. _____ Ward _____

2. FULL NAME HERMAN J. SCHREIBER

(a) Residence, No. 1234 BELLEFONTAINE St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 10 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 2 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MOTOR CYCLE PATROL MAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. KC. POLICE DEPT.
10. Date deceased last worked at this occupation (month and year) A.P.R.I.L. 1934 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY
(STATE OR COUNTRY) MISSOURI

13. NAME JOHN HENRY SCHREIBER

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

15. MAIDEN NAME MARGARET BRADLEY

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

17. INFORMANT MRS. MARGARET SCHREIBER
(ADDRESS) 1234 BELLEFONTAINE AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE FELIX A. HARRY DATE APRIL 27 1934

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Apr 26 1934 M. M. Crown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 25 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1934, to April 25, 1934.
I last saw him alive on April 24, 1934. Death is said to have occurred on the date stated above, at 7:10 A.M.
The principal cause of death and related causes of importance were as follows:

lobar pneumonia in right lung, peri-cardial and pleural effusion
Date of onset 4/22/34
Other contributory causes of importance Infection - cold

Name of operation none 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? no
If so, specify _____
(Signed) John O. Skinner M. D.
(Address) 1402 Bryant Bldg.

1402 Bryant Bldg.

1:30 - 5:30