

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

Do not use this space?

16197

1. PLACE OF DEATH

County Cooper Registration District No. 222 File No. 9
Township Perry Grove Primary Registration District No. 4135 Registered No. 1
City (No.) St. Ward

2. FULL NAME

(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 34 yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) <u>WIFE OF</u> <u>Margaret Schrader</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 19 - 1900</u>		
7. AGE YEARS <u>34</u>	MONTHS <u>-</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm Hand</u>		11. Total time (years) spent in this occupation <u>20</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		10. Date deceased last worked at this occupation (month and year) <u>1933</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pilot Grove Mo</u>		
13. NAME <u>Benjamin Schrader</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pilot Grove Mo</u>		
15. MAIDEN NAME <u>Bertha Bader</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pilot Grove Mo</u>		
17. INFORMANT <u>Harty Schrader</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Martin's cemetery</u> DATE <u>May 15, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Thos. Blocklin Co</u>		
20. FILED <u>May 15, 1934</u> <u>Mrs. E. B. McCutcheon</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from , 1934, to May 1, 1934
I last saw him alive on May 17, 1934. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Inversion of axilla with general systemic infection
Other contributory causes of importance:
535
69D
53

23. If death was due to external causes (violence), fill in also the following:
Name of operation Date of
What test confirmed diagnosis? Urinal 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?
If so, specify
(Signed) Lee S. Thrush, M. D.
(Address) Brunville Mo

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.

JUN 20 1934

