

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

Do not use this space.

1. PLACE OF DEATH

County Grundy
Township Waverly
City Dreton

Registration District No. 328
Primary Registration District No. 3017

File No. 16450
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jacob B. Schlotterback

(a) Residence, No. Laredo mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 6 0

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

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) Missouri

13. NAME Geo W. Schlotterback

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

15. MAIDEN NAME Sarah Byerley

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

17. INFORMANT F. J. Schlotterback
(ADDRESS) 1420 Thompson St, St Joseph

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hersville DATE May 12 1934

19. UNDERTAKER G. J. Robertson
(ADDRESS) Laredo mo

20. FILED 5-12 1934 Irvin D. Fair
Registrar.

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7 1934, to May 10 1934
I last saw him alive on May 10 1934 Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:
Poor operation Pneumonia Date of onset _____
Myocarditis - 12 6 May 9
12 7 1934
1 10
Other contributory causes of importance: Chronic cystitis & Gall stones

Name of operation Prostatectomy Date of _____
What test confirmed diagnosis: operation & physical findings Was there an autopsy? Yes

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 _____

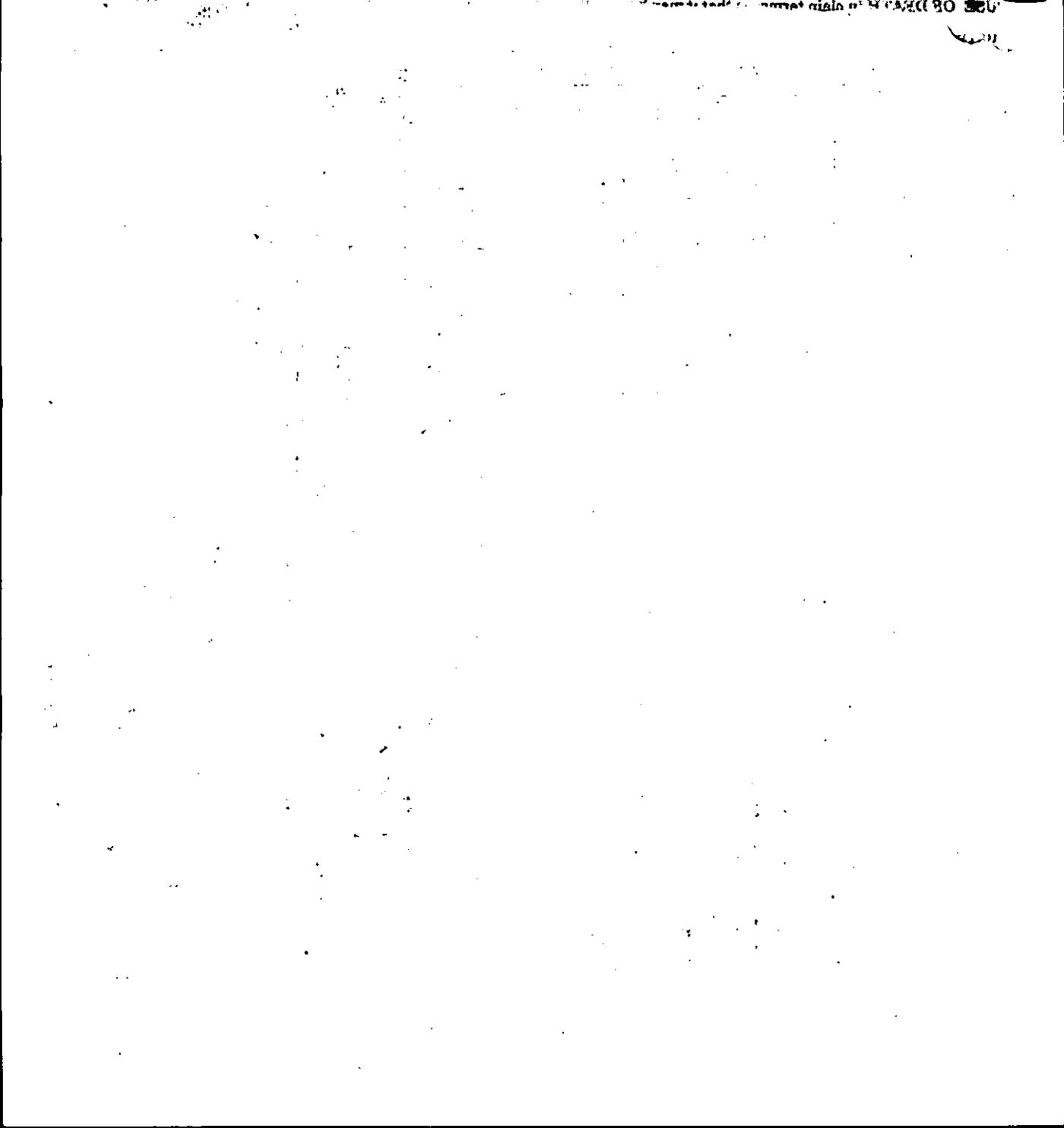
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) B. Moon M. D.
(Address) 110 1/2 Main St, Dreton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important.

JUN 21 1934

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene
Township _____
City Horton

Registration District No. 328
Primary Registration District No. 3017

File No. _____
Registered No. _____
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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 6 0

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

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

Post-operative pneumonia + myocarditis
Tobar pneumonia
Other contributory causes of importance: shingles, Gall stones

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19____

Name of operation _____ Date of _____
What test confirmed diagnosis? 108 _____ 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) _____, M. D.
(Address) _____

Registrar _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mort

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