

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.

JUL 16 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

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)

Widowed

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

William K. Bailey

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

Dec. 4 - 1875

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

58

5

28

## OCCUPATION

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)

June 1

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Lewis County

## 13. NAME

Rudolph Schneider

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

Germany

## 15. MAIDEN NAME

Unknown

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

Unknown

## 17. INFORMANT

Mrs. Bryan Thorp (Daughter)

## 18. BURIAL, CREMATION, OR REMOVAL

Forest Grove Cemetery

June 4, 1934

## 19. UNDERTAKER

F. D. Kelly

Canton, Mo.

6-31, 1934

H. W. Harris

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

June 2, 1934

## 22. I HEREBY CERTIFY That I attended deceased from

May 21, 1934, to June 2, 1934

I last saw him alive on May 21, 1934. Death is said

to have occurred on the date stated above, at 5:30 a.m.

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

Valvular disease of heart

92A

1072

DA

Other contributory causes of importance

Hypertension

Date of onset

Date of operation

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

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) H. W. Harris

Canton, Mo.

(Address)

