

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 000
Township Kennett Primary Registration District No. _____
City Kennett (No. of Mary Hoops) St. _____ Ward _____

File No. 24659
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Valentine A. Schroeger
(a) Residence, No. 2530 Summit St. _____ Ward _____
(Usual place of abode)

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1864

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
70 5 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. E. Nibbs Co

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) Germany

13. NAME Geo Schroeger

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

15. MAIDEN NAME Josephine Kulsinger

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

17. INFORMANT (ADDRESS) Mrs Lena Schroeger
2530 Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE July 23 1934

19. UNDERTAKER (ADDRESS) Quinn & Jones Co
20 W. Greenwood

20. FILED July 20 1934 M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934, to July 19, 1934
I last saw him alive on _____ 19____. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Strangulated inguinal hernia with signs of intestinal obstruction
Arterio-sclerosis
intestinal neoplasm
Date of onset _____

Name of operation Herniotomy Date of _____

What test confirmed diagnosis? _____ 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? N. E. Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home became strangulated bowel

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. Jordan, M. D.

(Address) 415 High City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

