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

Do not use this space.

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 25685
Township " " — Primary Registration District No. 5802 — Registered No.
City Kewanee (No. , St. Ward)

2. FULL NAME Emma B. Schuerenberg
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUL 30 1934

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Godfrey Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11 - 1862

7. AGE: YEARS 72 — MONTHS 2 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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): Perry County MO.

FATHER
13. NAME: Unk.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

MOTHER
15. MAIDEN NAME: Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): William Schuerenberg Kewanee - MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morley DATE July 16 1934

19. UNDERTAKER (ADDRESS): Richards Und Co. New Madrid, Mo

20. FILED 7/23/1934 W. O. Bannon V. S. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/25, 1934, to 7/10/, 1934
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Mucous Colitis | |
| 1200 120 | |

Other contributory causes of importance:

Name of operation 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?
If so, specify
(Signed) M. C. Mill M. D.
(Address) New Madrid Mo.