

SEP 18 1934

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

Do not use this space.

30256

1. PLACE OF DEATH

County Hodaway
Township
City Marion Mo (No. _____) St. _____ Ward _____

Registration District No. 6251
Primary Registration District No. 3031

File No. _____
Registered No. 951

2. FULL NAME

Lawrence Gottlieb Schumacher

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 25-1880</u>		
7. AGE	YEARS	MONTHS
<u>54</u>	<u>54</u>	<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		DAYS
<u>Retired Mach</u>		<u>14</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		IF LESS than 1 day,hrs. ormin.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to Aug 9, 1934
I last saw him alive on Aug 9, 1934 Death is said to have occurred on the date stated above, at 7:45 PM
The principal cause of death and related causes of importance were as follows:
Heat exhaustion Date of onset 8-8-34
lateral sclerosis

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Marion Missouri</u>
	13. NAME	<u>Nickles Schumacher</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Belgium</u>
	15. MAIDEN NAME	<u>Elizabeth Lahr</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Ohio</u>
	17. INFORMANT (ADDRESS)	<u>Amelma Schumacher</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE		<u>St. Marys Marion Mo Aug 14, 1934</u>
19. UNDERTAKER (ADDRESS)		<u>Chapell Funeral Home 344 W. Marion Mo</u>
20. FILED		<u>8-11-1934 Mamie G. Cardy Registrar</u>

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) E. Southard Gardner
(Address) Marion, Mo.

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

