

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.

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

Do not use this space.

NOV 19 1934

35653

1. PLACE OF DEATH

County Campbell Registration District No. 282
Township Union Primary Registration District No. 4166
City Campbell (No.) St. Ward

File No.
Registered No. 46
St. Ward

2. FULL NAME

Angeline Schall
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>John Schall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6 - 1880</u>		
7. AGE YEARS <u>34</u>	MONTHS <u>2</u>	DAYS <u>14</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Campbell, Mo</u>		
13. NAME <u>John L. Minter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
15. MAIDEN NAME <u>Kate Snyder</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Campbell, Mo</u>		
17. INFORMANT <u>John Schall</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>Oct. 29, 1934</u>		
19. UNDERTAKER <u>Erby Funeral Director</u> (ADDRESS)		
20. FILED <u>Oct 20, 1934</u> <u>E. W. Sanders</u> Registrar.		

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

22. I HEREBY CERTIFY, That I attended deceased from May 20 1934 to Oct 19 1934
I last saw h. a alive on Oct. 19 1934. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
4.28
Other contributory causes of importance none

Date of onset <u>about</u> <u>May</u> <u>1934</u>
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Name of operation none Date of no
What test confirmed diagnosis? no 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) J. L. Cone M. D.
(Address) Campbell, Mo

