NOV 9 1934

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

Do not use this space.

File No. 35688-a

Registered No.

1. PLACE OF DEATH

County Franklin Registration District No. 2 9 6

Township Primary Registration District No. 4 1 8 0

City Union (No. , St. Ward)

2. FULL NAME Frank M. Schreiber

(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 31 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	9	27	

OCCUPATION

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

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) Union, Missouri.

FATHER

13. NAME William M. Schreiber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Missouri.

MOTHER

15. MAIDEN NAME Bertha S. Dehn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton, Ohio.

17. INFORMANT (ADDRESS) William M. Schreiber

18. BURIAL, CREMATION, OR REMOVAL Union Cemetery
PLACE Union, Mo. DATE Oct. 30 1934

19. UNDERTAKER Union Furniture Co.
(ADDRESS) Union, Mo. By W. H. Horn

20. FILED Nov 1 1934 J. R. Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-15 1934, to 10-28 1934

I last saw him alive on 10-28 1934. Death is said to have occurred on the date stated above, at 3:25 a.m. p.m.

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

	Date of onset
Lobar Pneumonia (2)	10-19-34

Other contributory causes of importance:
Myocarditis
Cirrhosis of Liver

Name of operation None Date of

What test confirmed diagnosis? Physical 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?
If so, specify

H. M. Lenny (Signed), M. D.
(Address) Union Mo.

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.

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

Union