

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

Do not use this space.

1. PLACE OF DEATH ^{JAN 4 1935}
Andrew,

County.....
Township, Rochester,
City.....

Registration District No. 16

Primary Registration District No. 5090

(No. 7 Miles East, Savannah, Mo.)

File No. 41847

Registered No. 17
St. Ward)

2. FULL NAME Betty Joan Schroeder, Mo.

(a) Residence, No. 7 M. East, Savannah, St., Ward.

Length of residence in city or town where death occurred yrs. 5 mos. 2ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1934,

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
5 2

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Child,
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) Andrew County, Missouri,
(STATE OR COUNTRY)

13. NAME Emil Schroeder,

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

15. MAIDEN NAME Della Howard,

16. BIRTHPLACE (CITY OR TOWN) Rochester, Missouri,
(STATE OR COUNTRY)

17. INFORMANT Emil Schroeder
(ADDRESS) P. O. Box 5, Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rochester, Mo. DATE Dec. 22, 1934

19. UNDERTAKER Frank A. Bousman
(ADDRESS) Savannah, Missouri.

20. FILED 12/21 1934 Mrs. Bettie Boggs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18th, 1934 to Dec. 20th, 1934
I last saw him alive on Dec. 19th, 1934 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Bronchial Pneumonia
1078
Date of onset 12/19/34

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Urine..... 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) Luther E. Rockwell, 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.



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Andrew
Township
City (No.) St. Ward)

Registration District No. 16
Primary Registration District No. 5020

File No.
Registered No. 17

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 5 2

First saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) sp. in this occupation

Date of onset

Bronchial pneumonia
Other contributory cause of importance: heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

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. D.

(Address)

20. FILED 12/21 1935 Ms. Bettie Boggs Registrar

SUPPLEMENTARY

JAN 25 1935

5-41847