

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

Do not use this space.

1. PLACE OF DEATH  
JAN 8 1935

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. General Hospital)

42944  
File No. 5129  
Registered No. 5129  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Barbara Schoen

(a) Residence, No. 2534 Charlotte 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 <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 OF (OR) WIFE OF <u>Charles Schoen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19 18 80</u>		
7. AGE	YEARS	MONTHS
	<u>54</u>	<u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Carl Riehle</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Barbara Falk</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Charles Schoen</u> (ADDRESS) <u>2534 Charlotte</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys' Cem</u> DATE <u>Dec 13</u> 19 <u>34</u>		
19. UNDERTAKER <u>Quirk &amp; Tobin Co.</u> (ADDRESS) <u>20 West Linwood</u>		
20. FILED <u>17 11 34</u> <u>M. M. Coroner</u> <u>Coroner Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1934, to \_\_\_\_\_, 1934.  
I last saw him alive on \_\_\_\_\_, 1934. 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:

Automobile Injury  
Acceleration & Over  
Crushing Injury to Chest  
Hemorrhage to Chest  
Hemorrhage  
Other contributory causes of importance:  
Hemorrhage of

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 12/11/34  
Where did injury occur? 26 W. Hillman - 15c rd  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
While crossing street  
Manner of injury Automobile  
Nature of injury Crushing injury to chest

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) Russell W. Bent, M. D.  
(Address) Republic Coroner

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.

