

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

Do not use this space.

MAR 26 1935

5153

1. PLACE OF DEATH

County Holt
Township Nodaway
City..... (No.....)..... St..... Ward.....

Registration District No. 375
Primary Registration District No. 2523

File No.....
Registered No.....

2. FULL NAME

Christian John Schenk

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 1 26

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

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) Seiberback

13. NAME Gotthried Schenk

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

15. MAIDEN NAME Dorthea Beltz

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

17. INFORMANT (ADDRESS) Charles Schenk
Fillmore Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fillmore DATE Feb. 26, 1935

19. UNDERTAKER (ADDRESS) C. W. Cole
Fillmore Mo.

20. FILED Feb. 25, 1935 Edith Lentz
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932, to Feb. 18, 1935
I last saw him alive on Feb. 18, 1935 Death is said to have occurred on the date stated above, at 8 A. m.

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

Chronic Nephritis Date of onset 70 years

Other contributory causes of importance:
Atherosclerosis
Arterio Sclerosis

Name of operation None Date of.....
What test confirmed diagnosis? Phosphor 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 M. L. Halliday, M. D.
(Signed) Freemore Mo
(Address).....

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.

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