

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

Do not use this space.

5853

MAR 26 1935

1. PLACE OF DEATH

County Knock Co.
Township Edina mo
City Edina mo (No.)

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 3
Ward)

2. FULL NAME

Mary A. Shaeffer

(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 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) April 22-1894
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 8 7 19

OCCUPATION
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. Sales lady
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) Edina Mo.

FATHER
13. NAME F. A. Shaeffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Penn

MOTHER
15. MAIDEN NAME Hanora Mulville
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Mo.

17. INFORMANT (ADDRESS) F. A. Shaeffer Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edina Mo DATE Feb-13 1935

19. UNDERTAKER (ADDRESS) Frederick J. Schmidt Edina Mo.

20. FILED Feb 12 1935 Mrs. C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-24 1934 to 2-11 1935
I last saw her alive on 2-11 1935 Death is said to have occurred on the date stated above, at 8:40 A.M.
The principal cause of death and related causes of importance were as follows:

Cardiac dilatation 1930
Myocardial degeneration 1934
Hepatic congestion
Other contributory causes of importance:
Date of onset

Name of operation Date of
What test confirmed diagnosis? 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) Frederick J. Schmidt D.O., M.D.
(Address) Edina, 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.

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STATE HEALTH DEPARTMENT—DIVISION OF VITAL STATISTICS—THIS IS A PERMANENT RECORD

