

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.

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

Do not use this space.

APR 3 9 1935

9725

1. PLACE OF DEATH

County Lewis Registration District No. 480
Township Union Primary Registration District No. 5-645
City Maywood (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

Jane Schaller

(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? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Schaller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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) Amox County, Mo.
13. NAME Henck Welsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Mary Ann Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) Ura J. Skulte
18. BURIAL, CREMATION, OR REMOVAL PLACE Maywood DATE Mar. 10 1935
19. UNDERTAKER (ADDRESS) P. T. Chambers
Maywood, Mo.
20. FILED 20316 35 1935 W. J. Bellows
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1935, to Mar. 8th, 1935.
Last saw her alive on March 7, 1935. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
Hypertension
Hypertrophy of left side of heart
53
Other contributory causes of importance:
Carcinoma of bladder

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal 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) Dr. L. E. Loan, M. D.
(Address) La Grange, Mo.

