

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

Do not use this space.

APR 26 1935

12690

1. PLACE OF DEATH

County *Helix*
Township *Bethel*
City *Bethel* (No.)

Registration District No. *826*
Primary Registration District No. *6087*

File No.
Registered No. *6* St. Ward)

2. FULL NAME

(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 *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widowed*

5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Geo. Schrauffer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept-20-1866*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 15

OCCUPATION 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) *Ohio*13. NAME *Mike Seuleimer*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*15. MAIDEN NAME *Louise*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*17. INFORMANT (ADDRESS) *J. E. Schrauffer
Bethel, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Gene cemetery* DATE *April 7-1935*19. UNDERTAKER (ADDRESS) *Proctor - Miller - Hawkes
Bethel - Mo.*20. FILED *Apr 1*, 19 *35* *Mrs L. P. Smith* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 5*, 19 *35*22. I HEREBY CERTIFY, That I attended deceased from *March 1*, 19 *35*, to *March 5*, 19 *35*.I last saw him alive on *March 5*, 19 *35*. Death is saidto have occurred on the date stated above, at *6 P.M.*

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

Carbonyl apoplexy Date of onset*from Arterio Sclerosis*

Other contributory causes of importance:

Name of operation *Autopsy* Date ofWhat test confirmed diagnosis? *Chemical* 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 *J. L. Simpson*, M. D.(Signed) *J. L. Simpson*, M. D.(Address) *Bethel, Mo.*

