

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

Do not use this space.

13581

1. PLACE OF DEATH ^{MUN 25 1935}

County Manass

Registration District No. 547

Township Mason

Primary Registration District No. 3029

City Hannibal

(No. St. Elizabeth Hospital)

File No. _____
Registered No. 136
St. 6 Ward)

2. FULL NAME Senora Schneider

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

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 - 1935

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Schneider

22. 4/26 HEREBY CERTIFY, That I attended deceased from 1935, to 4/27, 1935.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19 - 1877

I last saw her alive on 4-27-35, 1935. Death is said

7. AGE YEARS 58 MONTHS 3 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 11:17 a.m.

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

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

Date of onset

Cardio-Vascular-Kenal Disease about 10 mo

Other contributory causes of importance

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bany Ill.

Name of operation _____

What test confirmed diagnosis? Clinical Laboratory Was there an autopsy? _____

13. NAME August Wendorff

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

15. MAIDEN NAME Anna Singer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1935

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Dr. Means
(ADDRESS) Ma comb Ill.

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bany Ill DATE April 27 - 1935

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. G. Sittmer, M. D.

(Address) Hannibal Mo.

19. UNDERTAKER W. R. Schuyler
(ADDRESS) Hannibal Mo.

20. FILED May 1 1935 R. H. Schuster
Registrar.

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.

