JUN 1 8 1935

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

Do not use this space.

15647

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1901 — Registered No. 536

City St. Joseph (No. State Hospital No. 2. St. Jo. Mo. St. Ward)

2. FULL NAME Ida Schlegel

(a) Residence, No. 2411-E-11th. K.C. Mo. Ward. Kansas City, 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. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Schlegel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) [illegible] 13-1862

7. AGE: YEARS 73 — MONTHS 8 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) ~~Unknown~~ Bloomington Illinois

FATHER

13. NAME ~~Unknown~~ Otto Gaffron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Unknown~~ Germany

MOTHER

15. MAIDEN NAME Unknown Schouston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Unknown~~ Germany

17. INFORMANT (ADDRESS) Records, State Hospital No. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 5-13- 1935

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster K.C. Mo.

20. FILED 5-11- 1935 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1920 to May 11, 1935
I last saw her alive on May 11, 1935 Death is said to have occurred on the date stated above, at 11:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-11-35

93 C

Other contributory causes of importance:
Chronic Myocarditis

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) Dr Clifton Smith, M. D.
(Address) State Hosp. 2 St Joseph, 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.