

JUN 19 1935

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

Do not use this space.

15960

1. PLACE OF DEATH

County Cole

Registration District No. 214

File No. ....

Township Moreau

Primary Registration District No. 41-20-413

Registered No. 7

City Russellville, Mo.

St. .... Ward

2. FULL NAME Adam Schmoeger

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or Anna Schmoeger (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 20 1866

7. AGE

69

YEARS

MONTHS

2

DAYS

3

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Constable

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lohman Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER Adam Charles Schmoeger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Blochourger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbis O.

(STATE OR COUNTRY)

14. INFORMANT Mrs Hannah Danner

(Address) Russellville, Mo.

15. FILED 6-1 1935 Mrs. Mabel Barbour REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/29/35 19

17. I HEREBY CERTIFY That I attended deceased from April 1 1935 to May 29 1935 that I last saw him alive on May 29 1935, and that death occurred, on the date stated above, at 9:45 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECISE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. S. Leslie M.D. Russellville, Mo. 19

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Russellville Luth. Cem. DATE OF BURIAL 6/1/35 19

20. UNDERTAKER Hugo and Hazel Schubert ADDRESS Russellville

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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