

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

Do not use this space.

JUL 24 1935

20380

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
 Township Marion Primary Registration District No. 3877 Registered No. 194
 City Hannibal (No. St. Elizabeth Hospital) St. _____ Ward _____

2. FULL NAME

Elo Marie Schnell
 (a) Residence, No. 2106 Hope St. 6 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 3 06

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

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) Hannibal Mo.

13. NAME Albert J. Schnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill

15. MAIDEN NAME Anna Schneider

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

17. INFORMANT (ADDRESS) Albert J. Schnell
Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Gym DATE June 30-1935

19. UNDERTAKER (ADDRESS) St. Marys Gym

20. FILED June 28 1935 St. Elizabeth Hospital
 Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28-1935

I HEREBY CERTIFY that I attended deceased from June 18 1935 to June 28 1935

I last saw her alive on June 17 1935 Death is said

to have occurred on the date stated above, at 6:15 p.m.

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

Mildulent Fever Date of onset 3-6 a.m.
9.0.0

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis Lab- 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) W. J. Tranecca, M. D.

(Address) Hannibal 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.

