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.

OCT 2 2 1935

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

Do not use this space.

29199

File No.

Registered No. 105

1. PLACE OF DEATH
County Franklin
Township St. Johns
City (No. , St. Ward)

Registration District No. 297
Primary Registration District No. 5414

2. FULL NAME Carl Gotfried Schroepfer

(a) Residence, No. Krakow, Missouri St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28th, 1915

7. AGE: Years 20 | Months 5 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) Washington, Missouri

FATHER
13. NAME Fred W. Schroepfer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neier Missouri

MOTHER
15. MAIDEN NAME Dollie Shelton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Missouri

17. INFORMANT Fred W. Schroepfer
(ADDRESS) Krakow, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clover Bottom, Mo DATE Sept. 27th, 1935

19. UNDERTAKER Otto & Co.
(ADDRESS) Washington, Mo.

20. FILED Sept. 25, 1935 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at 10.30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide, as the result of a self inflicted 22 calibre rifle bullet wound of head.	9/24/35

Other contributory causes of importance:
Mentally unbalanced at the time.

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide 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) E. L. Washington Coroner, M. D.
(Address) Union Mo.