WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

29510

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3521
Township Kaw- — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St Marys Hospital St. Ward)

2. FULL NAME William F. Schneider
(a) Residence, No. 3800 Rainbow BLvd. 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

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 OF (OR) WIFE OF Kathryn Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20, 1905

7. AGE: 30 YEARS — MONTHS: 5 — DAYS: 18 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter
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) Kansas City Kansas

FATHER
13. NAME Frederick Schneider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Marie Hallouer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swithzerland

17. INFORMANT (ADDRESS) Mrs Kathryn Schneider 3800 Rainbow Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem. DATE Sept 11, 35

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED Sept 9, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Spet 8, 35, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1935, to Sept 8, 1935
I last saw him alive on Sept 8, 1935. Death is said to have occurred on the date stated above, at 11:28P
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Necrosis of Liver	8-30-35
1256	
Other contributory causes of importance:	
Acute Tubular Nephrosis	9-1-35
Uremia	9-6-35

Name of operation none Date of ✓
What test confirmed diagnosis Physical Was there an autopsy? Yes
Filing

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) [signature], M. D.
(Address) Rosedale Ks