

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 24 1935

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

Do not use this space.

30019

1. PLACE OF DEATH

County Linn
Township Wald
City Brookfield

Registration District No. 496
Primary Registration District No. 3025

File No. _____
Registered No. 84
St. _____ Ward _____

2. FULL NAME Mary Schaefer

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred nearly 6 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 7 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 23

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

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) Brookfield, Mo

MOTHER FATHER 13. NAME James Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Anna Orr

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

17. INFORMANT (ADDRESS) Mrs Mrs. Schaefer

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Michael DATE Oct 2 1935

19. UNDERTAKER (ADDRESS) G. H. Nally

20. FILED Sept 9, 1935 W. H. Lucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1935 to Sept 29, 1935

I last saw him alive on Sept 29, 1935. Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Cerebral Apoplexy
73

Date of onset
Sept 29, 1935

Other contributory causes of importance:
Myocarditis with Hypertension Unknown

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? _____ 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) James Evans M. D.
(Address) Brookfield, Mo
Evans

