

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

Do not use this space.

DEC 17 1935

32061

1. PLACE OF DEATH

County *Cape Girardeau*
Township *Apple Creek*
City (No. _____) _____

Registration District No. *123*
Primary Registration District No. *5776a*

File No. _____
Registered No. *3*
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary K. Schirmer</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 21 1856</i>		
7. AGE YEARS <i>78</i>	MONTHS <i>11</i>	DAYS <i>25</i>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired Farmer</i>
	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)
Old Apple town Mo

MOTHER FATHER 13. NAME
Phillip Schirmer

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

15. MAIDEN NAME
Wetherly Lutz

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

17. INFORMANT (ADDRESS)
Mrs. Andrew Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE
Zion Cemetery DATE *Oct 29 1935*

19. UNDERTAKER (ADDRESS)
R. G. Long Jackson Mo

20. FILED *10-28-1935* *C. B. Bowman* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 25 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 10 1935* to *Oct 27 1935*

I last saw him alive on *Oct 27 1935*. Death is said to have occurred on the date stated above, at *2:30 p.m.*

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

Chronic Nephritis
15
Date of onset *Three or four years ago*

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

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) *C. B. Bowman*, M. D.
(Address) *Old Appleton Mo*

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.

MEMORANDUM FOR THE DIRECTOR, FBI

RE: [Illegible]

DATE: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

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