

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.

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

JAN 16 1936

Do not use this space.

32365-a

37 1. PLACE OF DEATH
County Gasconade Registration District No. 307
Township Boutwell Primary Registration District No. 5425
City Abilene (No.) St. Ward

2. FULL NAME Abilena Schaeperkoetter
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1853

7. AGE YEARS 82 MONTHS 7 DAYS 29 if LESS than 1 day, hrs. or min.

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

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) Germany

13. NAME Henry Bantlage

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

15. MAIDEN NAME Braun

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

17. INFORMANT (ADDRESS) Fred Schaeperkoetter

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Woodlawn DATE Oct 3 1935

19. UNDERTAKER (ADDRESS) Wm. J. Goettentrotter

20. FILED Nov 2 1935 Mrs. H. B. Meyer Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1935

22. I HEREBY CERTIFY, That attended deceased from Aug 13 1935 to Oct 31 1935.
I last saw her alive on Oct 31 1935. Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:
Influenza Complicated with Broncho Pneumonia Date of onset Aug 13-1935

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis Physical examination 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?
If so, specify Charles F. Each, M. D.
(Signed) Bland MD # 3
(Address)

