DEC 11 1935

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

Do not use this space.

35254

File No. ____

Registered No. 1225

1. PLACE OF DEATH

County Buchanan Registration District No. ____

Township ____ Primary Registration District No. ____

City St. Joseph (No. 5617 South Second Street St. ____ Ward)

2. FULL NAME Peter John Schappert

(a) Residence, No. 5617 South 2nd St., ____ Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Bell Schappert.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1854.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
81	4	22	

OCCUPATION

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

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) 1930 11. Total time (years) spent in this occupation 50 Yrs.

12. BIRTHPLACE (CITY OR TOWN) Buffalo (STATE OR COUNTRY) New York

FATHER

13. NAME John Schappert

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Peter J. Schappert (ADDRESS) 5617 South 2nd. Street St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Muskegon Michigan DATE Nov. 26, 1935

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED 11-26, 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1935, to Nov. 23, 1935

I last saw him alive on Nov. 22, 1935. Death is said to have occurred on the date stated above, at 6:00 P.m.

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

	Date of onset
Chronic Myocarditis	Unknown
and Arteri Sclerosis	Dont Know
92 C	

Other contributory causes of importance:

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) A A Robertson, M. D.

(Address) St. Joseph Mo

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.

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

100M-11-24-33