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.

DEC 17 1935

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

Do not use this space.

35347

1. PLACE OF DEATH

County Callaway — Registration District No. 104

Township — Primary Registration District No. 3008

City Fulton (No. ..., ... St. ... Ward)

File No.

Registered No. 235

2. FULL NAME Emil Schneider

(a) Residence, No. St. Charles, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 1 mos. 5 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): D. K.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF D. K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D. K.

7. AGE — YEARS: D. K. Apparent age, 50 yrs. — MONTHS — DAYS — If LESS than 1 day, ... hrs. ... min.

OCCUPATION

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

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) D. K.

FATHER

13. NAME D. K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

MOTHER

15. MAIDEN NAME D. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Charles. Mo. DATE D.K. 19

19. UNDERTAKER (ADDRESS) Herndon-Taylor Furn-Co. Fulton. Mo.

20. FILED Nov 15 1935 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1935, to Nov. 16, 1935

I last saw him alive on November 15, 1935 Death is said to have occurred on the date stated above, at 3:45 A. M.

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

	Date of onset
Chronic Myocarditis with Myocardial Insufficiency	D. K.

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? 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

(Signed) E. E. Landis, M. D.

(Address) Fulton, Mo.