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

Do not use this space.

DEC 17 1935

File No. 35499

1. PLACE OF DEATH
County Clay — Registration District No. 198
Township Fishing River — Primary Registration District No. 3011
City Excelsior Springs, Mo (No. (Veterans Administration Facility) St. 3d Ward)
Registered No.

2. FULL NAME SCHOENE, Herbert Arthur

(a) Residence, No. Vets. Adm. Facility, Excelsior Springs, Mo. St. Ward Milan, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 3 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Janice Schoene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1883

7. AGE: Years 52 — Months 6 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Teller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER
13. NAME Charles A. Schoene
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Harriet Ingersoll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tulsa Okla DATE 11-11 1935

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Missouri

20. FILED 11-10 1935 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1935, to Nov. 10, 1935, I last saw him alive on Nov. 10, 1935. Death is said to have occurred on the date stated above, at 5:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	
Other contributory causes of importance:	
Arteriosclerosis, General	

Name of operation None Date of --
What test confirmed diagnosis? Exam & Obs 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) JOSEPH DAUKSYS, MD Act. Clin. Director
(Address) Veterans Administration Facility Excelsior Springs, Mo.