

JAN 16 1936

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

Do not use this space.

39088

1. PLACE OF DEATH

County DE KALB Registration District No. 260
Township Grand Prairie Primary Registration District No. 5213
City (No. St. Ward)

File No.
Registered No.

2. FULL NAME

Elizabeth Schemp
(a) Residence, No. St. Ward. (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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. Schemp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 11 1855

7. AGE YEARS 80 MONTHS 11 DAYS 4 If LESS than 1 day, brs. or min.

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

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) Clinton Co. Mo.

13. NAME Ann Stejneger

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

15. MAIDEN NAME Anna Margt Hagoner

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

17. INFORMANT Miss J. McDonald Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron Mo. DATE Dec 16 1935

19. UNDERTAKER O. Moore Cameron Mo.

20. FILED Dec. 16th 1935 May S. Mahall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1935

I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to Dec 15 1935

I last saw him alive on Dec 14 1935 Death is said

to have occurred on the date stated above, at 3-9 p. m.

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

Arteria Sclerosis Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) M. D. ... M. D.

(Address) Cameron 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.

