FEB 24 1936

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

Do not use this space.

File No. 4106

Registered No. 3

1. PLACE OF DEATH

County Saline — Registration District No. 795

Township — Primary Registration District No. 2038

City Marshall (No. Mo. State School St. Ward)

2. FULL NAME Arthur Edward Schwartz

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

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 19, 1918

7. AGE: Years 17 — Months 5 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Appleton City Mo St Clair Co.

FATHER

13. NAME: Edward Schwartz

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

MOTHER

15. MAIDEN NAME: Lilli Geschmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atchison Kan.

17. INFORMANT (ADDRESS): State School Record Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph, Mo. DATE Jan 5, 1936

19. UNDERTAKER (ADDRESS): Hart & McCrary Marshall Mo

20. FILED Jan. 4, 1936 Nelle Hudson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec, 19..., to ..., 19...

I last saw him alive on Jan 3, 1936. Death is said to have occurred on the date stated above, at 3 A m.

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

Acute Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation ✓ 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) W. K. Pope, M. D.

(Address) Marshall Mo