

MAR 18 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5370

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township _____ Primary Registration District No. 3016
City Washington Mo St. _____ Ward _____

File No. _____

Registered No. 8

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fraux Scheidegger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 24-1848</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>7</u>
	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Keof</u>
	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) <u>2/1/36</u>
	11. Total time (years) spent in this occupation <u>70 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) Herman
(STATE OR COUNTRY) Mo

FATHER 13. NAME Ignatz Bliele

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

MOTHER 15. MAIDEN NAME Minnie Michel

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

17. INFORMANT Mrs Lorenz Hug
(ADDRESS) Herman Mo

18. BURIAL, CREMATION, OR REMOVAL Herman Mo
PLACES St Georges Cem DATE 2/8 1936

19. UNDERTAKER Hugo Blumer
(ADDRESS) Herman Mo

20. FILED Feb. 6- 1936 H. A. May
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1936

I HEREBY CERTIFY, That I attended deceased from Jan 31 1936, to Feb. 4 1936
I last saw her alive on Feb 4 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 1-31-36

1/86
Other contributory causes of importance:
Fracture Thigh (left) 1-31-36

Name of operation Reduce Fracture Date of 31-36
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 a fall
Nature of injury fracture left thigh

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Herman Mo M. D.
(Address) Washington 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.

