

MAR 18 1936

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

Do not use this space.

5510  
D. when  
165

1. PLACE OF DEATH

City Springfield Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Springfield (No. Springfield Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Maria Schuber</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12 Mar 1883</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>11</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>tailor</u>		11. Total time (years) spent in this occupation <u>30</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>3 mo ago</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
13. NAME <u>Johannes Schuber</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
15. MAIDEN NAME <u>Eugenmann</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
17. INFORMANT <u>Maria Schuber</u>		
18. BURIAL, CREMATION OR REMOVAL <u>Springfield</u>		
19. UNDERTAKER <u>Springfield</u>		
20. FILED <u>2-27</u> 19 <u>36</u> <u>Ralph W. Kauffman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1936

I HEREBY CERTIFY, That I attended deceased from Jan 10 1936 to Feb 24 1936  
I last saw him alive on Jan 24 1936. Death is said to have occurred on the date stated above, at 2 p. m.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_

Carcinoma of stomach  
primary

Other contributory causes of importance \_\_\_\_\_

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Robert Flynn M. D.  
(Address) Springfield Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

