

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.

JUN 17 1936

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

Do not use this space.

18983

1. PLACE OF DEATH

County Cooper Registration District No. 222
Township Pilot Grove Primary Registration District No. 4135
City Pilot Grove (No. _____) St. _____ Ward _____

File No. 8
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

Henry Joseph Scheidt
Pilot Grove, Mo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Harbour Scheidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 - 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 32 2 15

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

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) May 24 - 1936 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedron Missouri

13. NAME Chas. V. Scheidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedron Missouri

15. MAIDEN NAME Mary Schweitzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedron Missouri

17. INFORMANT (ADDRESS) Mrs. C. V. Scheidt Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL St Joseph Care DATE 5-26-36

19. UNDERTAKER (ADDRESS) Watts & Stockless Pilot Grove Mo

20. FILED 5/26 1936 Mrs. E.B.M. Litchner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1936

22. I HEREBY CERTIFY That I attended deceased from May 23rd 1936 to May 24 1936
I saw him alive on May 28 1936 Death is said to have occurred on the date stated above, at 5:50 p.m.

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

Fracture Skull and Crushed Chest - Fryed wheel ran over him - accidentally.

Date of onset 5/23

Other contributory causes of importance:

Name of operation NO G Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: 36
accident, suicide, or homicide? Date of injury 5/23 1936
Where did injury occur? in Pilot Grove Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. one street
Manner of injury getting on truck fall
Nature of injury fracture wheel

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Chas. Sandy M. D.
(Address) Cedar Grove Mo

