JUL 23 1936

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

Do not use this space.

23372

1. PLACE OF DEATH
County Lafayette — Registration District No. 457 — File No.
Township — Primary Registration District No. 4271 — Registered No. 13
City Concordia (No. , St. Ward)

2. FULL NAME Geo. H. Schnockenberg
(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: male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 24 1861

7. AGE: YEARS 75 — MONTHS — DAYS 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mason Work
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 1935
11. Total time (years) spent in this occupation: 30 yr

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

FATHER
13. NAME: Cord Hinrich Schnockenberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Aldhide Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Eleanor Schumacher

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Pauls Cemetery DATE 6-8 1936

19. UNDERTAKER (ADDRESS): Frerking & Voigt Concordia

20. FILED June 6 1936 Ferdinand Shryman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1935, to 6-5, 1936
I last saw him alive on 6-5, 1936. Death is said to have occurred on the date stated above, at 12:05 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	
Splenic Flexure	

Other contributory causes of importance:

46

Name of operation 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:
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) E. L. Johnston, M. D.
(Address) Concordia

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.

X7294

1886-6-36

1861-5-25

750-11