

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

Do not use this space.

27390

1. PLACE OF DEATH

County *Monteair*
Township *Walker*
City (No. _____) _____

AUG 24 1936

Registration District No. *571*
Primary Registration District No. *5769*

File No. _____
Registered No. *53*
St. _____ Ward _____

2. FULL NAME

Elizabeth Schueller
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 3 - 1851*

7. AGE YEARS *84* MONTHS *8* DAYS *27* If LESS than 1 day, hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) *Bole, Co. Mo*

FATHER 13. NAME *Adam Raithel*

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

MOTHER 15. MAIDEN NAME *Magdalena Husinger*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Julius Schueller*

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) *Calvary Cem California Mo*

DATE *8/2 1936*

19. UNDERTAKER (ADDRESS) *Mathias & Friedmeyer California Mo*

20. FILED *8-2-36 H.P. Popenoe Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-31-1936*

22. I HEREBY CERTIFY, That I attended deceased from *July 30* 19*36* to *July 30* 19*36*

I last saw h. *W* alive on *July 31* 19*36* Death is said to have occurred on the date stated above, at *6 p.m.*

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

*Congestive Heart failure
Mitral Insufficiency
Terminal Pneumonia*

Date of onset *7/30/36*

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19*36*

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) *J. A. Burke, Jr.* M. D.
(Address) *California, 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.

