

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County Lawrence Registration District No. 1050  
 Township Mount Pleasant Primary Registration District No. 5633  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

34885

File No. II  
 Registered No. 51

**2. FULL NAME**

Joseph A. Schooling

(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 (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Catherine Snow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>(Apr 13, 1851)</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>5</u>
	DAY <u>8</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>Farmer</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) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co Mo</u>		
FATHER	13. NAME <u>John L. Schooling</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Rebecca Kagel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Chas. Schooling</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Schooling Cemetery</u> DATE <u>Sept 23 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Russell, Jr. Presce City, Mo.</u>		
20. FILED <u>Sept 23 1936</u> <u>Wm. Russell, Jr.</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1935 to Sept 14 1936

I last saw him alive on Sept 14 1936 Death is said to have occurred on the date stated above, at 10:0 a m.

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

<u>Cerebral embolism -</u>	Date of onset <u>9-20-36</u>
<u>Right hemiplegia -</u>	<u>9-20-36</u>
<u>Chr. myocarditis -</u>	<u>1930?</u>
<u>Chr. nephritis</u>	<u>1925</u>

Other contributory causes of importance: 1/5/1

Name of operation None Date of \_\_\_\_\_

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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Thomas Lyons, M. D.  
 (Address) Presce City Mo

