

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.

OCT 22 1936

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

Do not use this space.

34957

1. PLACE OF DEATH

County Madison  
Township St. Michael  
City Fredricksburg (No. \_\_\_\_\_)

Registration District No. 538  
Primary Registration District No. 3028

File No. \_\_\_\_\_  
Registered No. 68  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Bertha Schwaner

(a) Residence, No. Fredricksburg 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>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2 1853</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>7</u>	DAYS <u>6</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>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

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

13. NAME Henry Schwaner

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

15. MAIDEN NAME Marie Vogel

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

17. INFORMANT Carl Schwaner  
(ADDRESS) Fredricksburg

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fredricksburg DATE Sept 10 1936

19. UNDERTAKER Ed. N. Nelt  
(ADDRESS) Fredricksburg Mo

20. FILED Sept 6 1936 S. C. Slaughter  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1936, to Sept 8 1936  
I last saw her alive on Sept 7 1936. Death is said to have occurred on the date stated above, at 5:45 am.

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

Lobar Pneumonia Sept 7 1936

Other contributory causes of importance:  
Carcinoma of lung? 2 mcs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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) S. C. Slaughter M. D.  
(Address) Fredricksburg Mo

By C. A. Schwaner

