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.

DEC 3 1936

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

Do not use this space.

38278

1. PLACE OF DEATH

County Linn — Registration District No. 502 — File No. 39

Township — Primary Registration District No. 4305 — Registered No.

City Marceline (No. B.B. Putman Memorial Hospital St. Ward)

2. FULL NAME Charles William Schroff.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 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): don't know

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: probably divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 - 1857

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 79 | 5 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 20 yr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Germany

FATHER

13. NAME: Charles Schroff.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): John Walsky Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Oliver DATE Oct 29 1936

19. UNDERTAKER (ADDRESS): James McLaughlin Marceline Mo

20. FILED 10/29 1936 Olive Barrett Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1936, to Oct 27, 1936

I last saw him alive on Oct 27, 1936. Death is said to have occurred on the date stated above, at 8:00 P.m.

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

| | Date of onset |
|---|---|
| Hypostatic Pneumonia | 10/27/36 |
| Other contributory causes of importance: Fracture right femur | 10/7/36 |
| Marked Arteriosclerosis | |
| Senility - Undernourishment | |

Name of operation: None Date of

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/7, 1936

Where did injury occur? Marceline Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place - restaurant

Manner of injury: Slipped & fell

Nature of injury: Fract. rt. femur

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M. L. Dickraeger, M. D.

(Address) Marceline Mo.