

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.

Prosp. to her

JAN 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Gasper* Registration District No. *411* File No. *45157*
Township *Joplin* Primary Registration District No. *2002* Registered No. _____
City *Joplin* (No. *Speeman Hospital*) Ward _____

2. FULL NAME

Gertrude Schach
(a) Residence, No. *1406 Pearl* 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 <i>Female</i> | 4. COLOR OR RACE <i>W</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <i>Fred Schach</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 14 1879</i> | | |
| 7. AGE YEARS <i>87</i> | MONTHS <i>7</i> | DAYS <i>unknown</i> |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i> | |
| | 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 |
| | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 1 - 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 5* 19*36* to *Dec 1* 19*36*
I last saw her alive on *Nov 30 1936* Death is said to have occurred on the date stated above, at *5 a.*
The principal cause of death and related causes of importance were as follows:
Arterial Sclerosis
Senile Debility
Date of onset _____

Other contributory causes of importance:
no

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? *no* 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) *H. Broof, M. D.* M. D.
(Address) *Joplin Mo*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germansville*

MOTHER FATHER

13. NAME *Jaschen*

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

15. MAIDEN NAME *Van Feltton*

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

17. INFORMANT (ADDRESS) *Mrs. Aurelie Lee Johnson 305 Jackson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Spring Valley* DATE *12-5-36*

19. UNDERTAKER (ADDRESS) *Wesley's Undertaking Co 210 1st*

20. FILED *12-4-36* 19*36* *Ed J. Jones* Registrar

