

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.

JAN 21 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County WebsterTownship East Benton

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. E. 1898-3Primary Registration District No. 6203File No. 47728Registered No. 232. FULL NAME Still birth (child of Martin Schroeder)

(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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. none

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) no Webster Co  
(STATE OR COUNTRY)13. NAME Martin Schroeder14. BIRTHPLACE (CITY OR TOWN) no  
(STATE OR COUNTRY)15. MAIDEN NAME Opal Minick16. BIRTHPLACE (CITY OR TOWN) no  
(STATE OR COUNTRY)17. INFORMANT Martin Schroeder  
(ADDRESS) Diggins no

18. BURIAL, CREMATION, OR REMOVAL

PLACE on farmDATE 1-7

1936

19. UNDERTAKER none  
(ADDRESS)20. FILED 1-9

1936

John W. Good  
no Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 - 193622. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to \_\_\_\_\_, 19\_\_\_\_I last saw h. or alive on Jan 7, 1936 Death is said to have occurred on the date stated above, at 12:20 a.m.

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

Still born

Date of onset

Other contributory causes of importance:

child died for some time. Hours.

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\_\_\_\_

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) E. G. Dees, M. D.(Address) Diggins no

