

FEB 17 1937

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

Do not use this space.

1068

1. PLACE OF DEATH

42 County Henry Registration District No. 347
Township Bogard Primary Registration District No. 5485-2
City (No.) St. Ward (No.)

2. FULL NAME

Alonzo Christopher Schmorf
(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 7.6 yrs. 11 mos. 17 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellefountain Ohio

13. NAME John Schmorf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Isabel Shellers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) J. B. Schmorf

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery Jan 16 1937

19. UNDERTAKER (ADDRESS) Robert Arnold

20. FILED 2-6 1937 J. B. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1937, to Jan 13 1937

I last saw him alive on Jan 13 1937. Death is said to have occurred on the date stated above, at 4:30 A. M.

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

Lobar Pneumonia Double Date of onset 3 days

Other contributory causes of importance Influenza

Name of operation Date of
What test confirmed diagnosis? Physical 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) J. J. McDonald M. D.

(Address) Aruch, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

I 29314

