

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.

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

Do not use this space.

1. PLACE OF DEATH
 39 County
 1 Township
 City (No. Christian Hospital. /)

2. FULL NAME Laura Belle Schlichter,
 (a) Residence, No. 2040 Obear Ave., St. 9 Ward. 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 3728
 Registered No. 763
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry C. Schlichter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/3/1875

7. AGE YEARS 61 MONTHS 7 DAYS 14 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Kentucky 2

13. NAME James Meridith,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

17. INFORMANT Lillian Schlichter
 (ADDRESS) 2040 Obear Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 1/20/37

19. UNDERTAKER W. A. Stock Und. Co.
 (ADDRESS) 2117 E. Grand Blvd

20. FILED JAN 18 1937 A. Predeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Jan 17, 1937
 (last saw h. or alive on Jan 17, 1937 Death is said to have occurred on the date stated above, at 10:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Brownhop nerve
via
97 R
 Other contributory causes of importance:
Arterial ossification
and stenosis

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. W. Prof. M. D.
 (Address) 1918 9th Grand

