

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.

MAR 22 1937

5379

1. PLACE OF DEATH

County Carroll Registration District No. 138
 Township Egypt Primary Registration District No. 4078
 City Northboro (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 46

2. FULL NAME

Leonard Schifferdecker

(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 7 yrs. mos. 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Schifferdecker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1862
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 3 28
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
 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) 10 years ago 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) Waterloo (STATE OR COUNTRY) Illinois

13. NAME George Schifferdecker

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

15. MAIDEN NAME Hulda Wagner

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

17. INFORMANT Mrs Schifferdecker (wife) (ADDRESS) Northboro, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cem DATE Feb. 22 '37

19. UNDERTAKER W. J. Stroud (ADDRESS) Northboro, Mo.

20. FILED Feb. 22, 1937 B. C. Cole M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937, to Feb 18, 1937
 I last saw him alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 4:15 P. M.
 The principal cause of death and related causes of importance were as follows:

Caexia
Cerebral embolism
 Other contributory causes of importance: Thrombosis
ES.

Date of onset Jan 5, 1937
Jan 5, 1937

Name of operation none Date of _____
 What test confirmed diagnosis? Smear Was there an autopsy? NA

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) Harbois M. D.
 (Address) Northboro

