

MAR 18 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township Clear Creek
City Pilot Grove - Mo. (No. _____)

Registration District No. 223530
Primary Registration District No. 4-134

File No. 5627
Registered No. 44
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Pilot Grove - Mo - R.R.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-25-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
76 10 8

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.

10. Date deceased last worked at this occupation (month and year) Jan 20 - 1937

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Pennsylvania

13. NAME Jacob Schneck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Ellie Schneck Pilot Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove, Mo. DATE Feb 5 - 1937

19. UNDERTAKER (ADDRESS) Stacy & Co. 2000 Pilot Grove, Mo.

20. FILED Feb 4 1937 H. B. Kistner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____.

I last saw him alive on July 3, 1937 Death is said to have occurred on the date stated above, at 2 a.m.

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

Intestinal Paralysis. Date of onset 1-30-37

Other contributory causes of importance: 1238

Name of operation no Date of _____

What test confirmed diagnosis? Clinical 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 no

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Chas Hardy, M. D.

(Address) Pilot Grove, 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.

