

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

Do not use this space.

6658
1047

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Evelyn Schild

(a) Residence, No. # 8 East 53rd Terrace, 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Fred Schild

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	37		23	

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.

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) Farmington Wisconsin

13. NAME James McKee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Wisconsin

15. MAIDEN NAME Margaret Gerin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee, Wisconsin

17. INFORMANT Fred Schild
(ADDRESS) 8 East 53rd Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 3/1/37

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 West Linwood

20. FILED 2-27-37 M.M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1937 to Feb 26 1937

I last saw her alive on Feb 26 1937. Death is said to have occurred on the date stated above, at 8:05 A M

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

Lobar pneumonia Date of onset Jan 27-37

Other contributory causes of importance:

Empyema Septicemic Septicemia Feb 15 Feb 24

Name of operation _____ Date of _____

What test confirmed diagnosis? Lob. pathology Was there an autopsy? Yes

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) Renewald, M. D.

(Address) 1025 prof Bldg

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.

