

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County FranklinRegistration District No. 297File No. 11831Township Washington, Mo.Primary Registration District No. 3016Registered No. 26City Washington, Mo.

(No.)

St.

Ward)

2. FULL NAME Dolores Mary Schroeder(a) Residence, No. Route #3, Washington, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 10 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)

Child

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

Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 6, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0610

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

Child

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

Child

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) Franklin County Missouri13. NAME William G. Schroeder14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Washington, Mo.15. MAIDEN NAME Clara Weber16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Missouri17. INFORMANT (ADDRESS) William G. Schroeder Route #3, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Krakow, Mo. DATE Mar. 18, 193719. UNDERTAKER (ADDRESS) Otto & Co. Washington, Mo.20. FILED Mar 16 - 1937 W. H. Way Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 - 193722. I HEREBY CERTIFY, That I attended deceased from Mar 3 1937, to Mar 16 1937I last saw him alive on Mar 16 1937. Death is said to have occurred on the date stated above, at 1:20 P. M.

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

Bronchial Pneumonia Date of onset Mar 4 1937

Other contributory causes of importance:

Influenza Mar 1 1937Name of operation none Date of 5What test confirmed diagnosis? X-ray 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) R. R. Crites, M. D.(Address) Washington Mo

OCCUPATION

MOTHER FATHER

110

