

MAY 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

571 County Lincoln Registration District No. 491 File No. 16855  
Township Clark Primary Registration District No. 56.56 Registered No. ....  
City Moscow Mills Mo. St. .... Ward)

## 2. FULL NAME

Charles Robert Schneider  
(a) Residence, No. Moscow Mills Mo. St. .... Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 8 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
3 8 19

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

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) Troy Missouri

13. NAME Harry & Schneider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright City, Missouri

15. MAIDEN NAME Mary Edna Bread

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moscow Mills Missouri

17. INFORMANT Harry & Schneider (ADDRESS) Moscow Mills Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy Evangelical Cem. DATE April 9, 1937

19. UNDERTAKER Wayne M. G. Galt (ADDRESS) Troy Mo.

20. FILED April 8, 1937 Mrs. Pearl Truck Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937 to Apr. 7, 1937

I last saw him alive on Apr. 1, 1937. Death is said

to have occurred on the date stated above, at 9 A.M.

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

Cerebral abscess

Date of onset

Other contributory causes of importance:

Chloroform (left)

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) Dr. S. Harris, M. D.

(Address) Troy Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Do not use this space.

