

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

Do not use this space.

MAY 31 1937

17127

1. PLACE OF DEATH

County Madaway
Township 7
City Maupville Mo (No. _____)

Registration District No. 625
Primary Registration District No. 5827

File No. _____
Registered No. 41
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. County Farm St., _____ 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-1-1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>56</u>	<u>56</u>	<u>2</u>	<u>9</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>
	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) De Kalb County Mo.

MOTHER FATHER 13. NAME Justus Schrader

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

MOTHER 15. MAIDEN NAME Emily Bradberry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Indiana

17. INFORMANT Ray Schrader (ADDRESS) Maupville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pickering DATE April 11, 1937

19. UNDERTAKER Raybell Funeral Home (ADDRESS) Maupville Mo

20. FILED 4-11-37 Marion E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1937 to Apr. 10, 1937
I last saw him alive on Apr. 10, 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

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

apoplexy
Date of onset _____
Other contributory causes of importance: 8221

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) Hiram Day, M. D.
(Address) Maupville

