

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

Do not use this space.

**JUN 12 1937**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township 13th Primary Registration District No. 1002  
City London City (No. St. Lukes)

File No. 18952  
Registered No. 2166  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Miss Harriett Rebecca Schwartz

(a) Residence, No. Washington D.C. 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. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |                               |  |
|---|-------------------------------|--|
| 3. SEX<br><u>Fe</u>   | 4. COLOR OR RACE<br><u>Wh</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  |                               |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 27, 1923</u>   |                               |  |
| 7. AGE YEARS<br><u>14</u>   | MONTHS<br><u>6</u>            | DAYS<br><u>12</u>  |
|   |                               | If LESS than 1 day, _____ hrs. or _____ min.                               |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Student</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) Pittsburgh Pa  
(STATE OR COUNTRY)

13. NAME Herbert H. Schwartz

14. BIRTHPLACE (CITY OR TOWN) Higdenville Pa  
(STATE OR COUNTRY)

15. MAIDEN NAME Rebecca Cameron

16. BIRTHPLACE (CITY OR TOWN) New Castle Pa  
(STATE OR COUNTRY)

17. INFORMANT Mrs Charlotte Schwartz  
(ADDRESS) 1715 Columbia St W. Wash

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wash. D.C. DATE May 12 1937

19. UNDERTAKER D.W. Newcomer Sons  
(ADDRESS) Crush Creek & Pocono

20. FILED May 9 1937 M. M. Tenone  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28 1937 to May 9 1937.  
I last saw her alive on May 9 1937 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Rheumatic myocarditis, acute Date of onset 4-15-37  
Rheumatic Endocarditis 1935

Other contributory causes of importance:  
5/6  
Broncho-pneumonia, confluent 4-25-37  
Chronic passive congestion 4-13-37  
of all viscera

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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.

Danger of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) P.T. Bohan M. D.  
(Address) 906 Mod Arts Bldg. K.C. 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.

