

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

Do not use this space.

JUN 16 1937

19392

1. PLACE OF DEATH

9 County Bollinger Registration District No. 69
 Township Crooked Creek Primary Registration District No. 5103
 City Schrum, (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME James Marion Schrum

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 12-12-37 to 13-13-37

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1862

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 1 15

Asphyxia - Bronchial
Pneumonia

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

Other contributory causes of importance: Asphyxia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME James Schrum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

15. MAIDEN NAME Burton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

17. INFORMANT Charles Schrum
 (ADDRESS) Schrum Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plain View DATE March 14 1937

19. UNDERTAKER (ADDRESS) A. J. Baker
Littleville

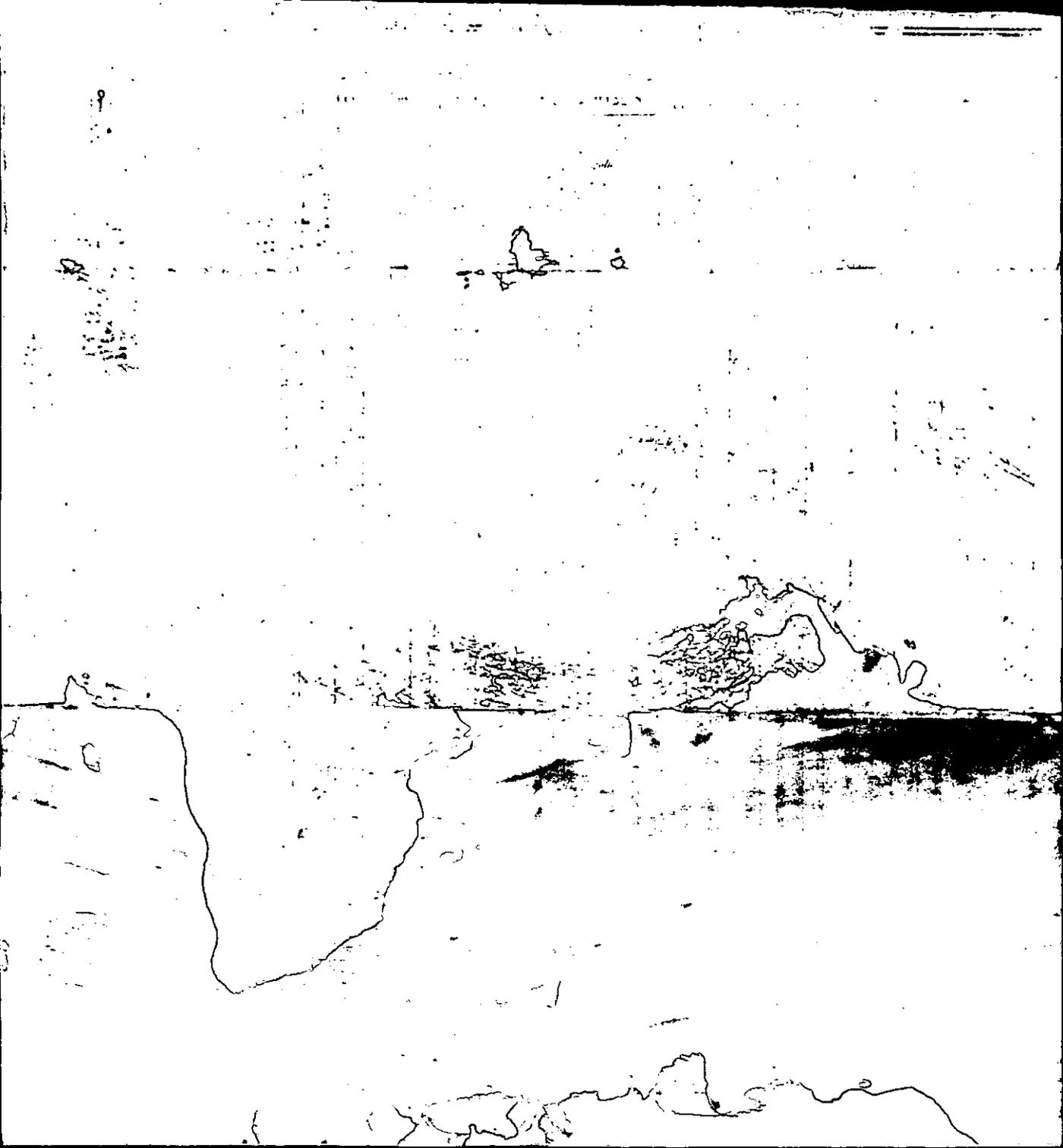
20. FILED V-14 1937 [Signature] Registrar.

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) [Signature], M. D.
 (Address) Littleville

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.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Bollinger Registration District No. 68 File No. 19392
 Township Wooded Creek Primary Registration District No. 5163 Registered No. _____
 City (No. _____) St. _____ Ward _____

2. FULL NAME James Marion Schum

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day. hrs. or min.
75 1 15

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

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) Bollinger Mo

13. NAME Ephriam Schum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Mo

15. MAIDEN NAME Barton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Mo

17. INFORMANT (ADDRESS) Charles Schum
Schumers Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Plain View DATE Mar 14 1937

19. UNDERTAKER (ADDRESS) G. J. Baker
Intersville

20. FILED 6/20 1937 Curly Matton
Regist. Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-12 to 3-13, 1937

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 P.m.

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

Influenza - Bronchial
Pneumonia

Other contributory causes of importance: _____

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 _____

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) J. J. Chandler, M. D.
(Address) Intersville Mo

DO NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-19392