

JUL 10 1937

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

Do not use this space.

22719

1. PLACE OF DEATH

County Johnson County Registration District No. 399
Township Kansas City Primary Registration District No. 1002
City Mo (No. 5331 Highland Ave) St. W Ward 7

File No. 22719
Registered No. 22719

2. FULL NAME Joseph August Schneider

(a) Residence, No. 5331 Highland Ave, Ward. 7
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 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) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wid of Louise Wolf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4th 1860

7. AGE YEARS 77 MONTHS 1 DAYS 1 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Germany

13. NAME August Schneider

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

15. MAIDEN NAME Mary Schneider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Sister, Corinne

(ADDRESS) 5331 Highland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison, Mo DATE 6/9/37

19. UNDERTAKER Quirk & Lohm

(ADDRESS) Johnson & Main

20. FILED 9/9 19 37 M. M. Exorve Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th 1937

22. I HEREBY CERTIFY That I attended deceased from April 8, 1937, to June 8, 1937

I last saw him alive on June 8, 1937. Death is said to have occurred on the date stated above, at 11.2:m.

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

Carcinoma of stomach
46

Date of onset 60 days

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 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) P. U. S. Rourke, M. D.

(Address) Bryant Bldg.

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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