54 JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County Lafayette
Township Dover
City Higginsville (No. ..... St. ..... Ward)

Registration District No. 460
Primary Registration District No. 5623

File No. 24113
Registered No. .....

2. FULL NAME Theodore Schlomann

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48		8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Morrison Mo.

FATHER
13. NAME Hy, Schlomann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holstein Mo.

MOTHER
15. MAIDEN NAME Johanna Thee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pinckny Mo.

17. INFORMANT (ADDRESS) Louis Schlomann, Higginsville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Higginsville DATE May 23 1937

19. UNDERTAKER (ADDRESS) Koefer & Memershagen Higginsville Mo.

20. FILED 2 Aug 31, 1937 Tiffany Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1937, 19 ..., to May 21, 1937, 19 ...
I last saw him alive on May 21, 1937, 19 ... Death is said to have occurred on the date stated above, at 4:45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemolytic Endocarditis	about 3 mo.

92B

Other contributory causes of importance:
Bad teeth

Name of operation None Date of --
What test confirmed diagnosis? Lab. find Was there an autopsy? No

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) W A Brasckleim, M. D.
(Address) Higginsville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.