

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township "
City "

Registration District No. 125
Primary Registration District No. 3009
(No. 1021 Boulevard)

File No. 30331
Registered No. 259
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1021 Boulevard 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-14-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 0 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Cape Girardeau Mo

MOTHER 13. NAME Albert A. Schach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Tenn.

15. MAIDEN NAME Elmida Day

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

17. INFORMANT (ADDRESS) Albert A. Schach Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemetery DATE Aug 24 1937

19. UNDERTAKER (ADDRESS) Walthers Funeral Home Cape Girardeau Mo

20. FILED 8-26-37 J.M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/22 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/21 1937, to 8/22 1937

I last saw him alive on 8/22 1937 Death is said to have occurred on the date stated above, at 7:45 am

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

Acute Heart Failure following heart electrical shock Date of onset 8/21/37

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) Chas. J. Hubert, M. D.

(Address) 630 4th Ave Cape Girardeau Mo

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

30331

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 120
(b) Township _____ Primary Registration District No. 3009 Registered No. 259
(c) City Cape G. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Norman Schack
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 1 8

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

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

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

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

acute heart failure following burns and electrical shock from short circuit in electric sweeper

Date of onset

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? Accident Date of injury 8/21, 1937

Where did injury occur? Cape Girardeau, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Electric Shock (lung)

Nature of injury Short circuit in electric sweeper

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) Chas. F. Perfect, M. D.

(Address) 630 Good Hope Cape Girardeau Mo

SUPPLEMENT

S-30331