SEP 16 1937

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

Do not use this space.

1. PLACE OF DEATH

27 County COOPER — Registration District No. 218 — File No. 30496

2 Township — Primary Registration District No. 3015 — Registered No. 67

4 City BOONVILLE (No. ..... St. ..... Ward)

2. FULL NAME MRS MINNIE DOERRIE SCHUBERT

(a) Residence, No. 929 SIXTH St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF IRENE SCHUBERT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 17-1864

7. AGE: YEARS 73 — MONTHS 5 — DAYS ✓ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) AUG-1937
11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOND COUNTY ILLINOIS

FATHER

13. NAME HENRY DOERRIE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME LOUISE KEMPER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) MRS ROSAMOND WATSON BOONVILLE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE WALNUT GROVE DATE AUG 19, 1937

19. UNDERTAKER (ADDRESS) STEGNER-KOENIG BOONVILLE MO.

20. FILED Aug 19, 1937. D. E. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Noon 8/17/37, 1937, to 4:45 p.m. 8/17, 1937
I last saw her alive on 8/17/37, 19..... Death is said to have occurred on the date stated above, at 4:45 pm.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset
Specific cause UNKNOWN

Other contributory causes of importance:

122 B

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin 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. H. Ziegler, M. D.
(Address) Boonville Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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