

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

Do not use this space.

OCT 20 1937

1. PLACE OF DEATH

County Iron

Township Arcadia

City Ironton

Registration District No. 391

Primary Registration District No. 4730

File No. 34397

Registered No. 50

(No. 3)

St. _____ Ward _____

2. FULL NAME August Lewis Schwab

(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

Mae Gay Schwab

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

58

5

21

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) Graniteville Mo.

FATHER

13. NAME John Schwab

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

MOTHER

15. MAIDEN NAME Louise Raift

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

17. INFORMANT Mrs. Mae Schwab
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Ironton Mo.

PLACE Arcadia Mo.

DATE 9/14/37

K. P. Cemetery

19. UNDERTAKER White & Son Ironton Mo.
(ADDRESS)

20. FILED Sept 16, 1937 Ra Ra Ra
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1937

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1937, to September 11, 1937

I last saw him alive on September 11, 1937. Death is said

to have occurred on the date stated above, at 00P.m.

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

myocarditis

Date of onset

Other contributory causes of importance:

none

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) John W. D.

(Address) Ironton, Missouri

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.

