OCT 27 1937

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

Do not use this space.

35467

File No.

Registered No. 38

1. PLACE OF DEATH
County Shelby
Township Lentner
City (No. St. Ward)

Registration District No. 830
Primary Registration District No. 6095

2. FULL NAME Hedwig Schwarz

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	11	9	

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

FATHER

13. NAME Antone Schrock

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

MOTHER

15. MAIDEN NAME Caroline Ruffert

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

17. INFORMANT Mrs. Ernest Dahle
(ADDRESS) Shelbyville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE Sept. 14, 1937

19. UNDERTAKER E. Thompson
(ADDRESS) Shelbyville, Mo.

20. FILED Sept. 13, 1937 Ruth Joyner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6-30, 19..., to 9-10-37, 19...

I last saw her alive on 9-10-37, 19... Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Hemiplegia Left side from Hypertension	9-9-37
Diabetes Mellitus	2-6-30

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) A. McNorod M. D.
(Address) Shelbina Mo.

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.