NOV 16 1937

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

Do not use this space.

37497

1. PLACE OF DEATH
County COOPER
Township
City BOONVILLE (No. , St. Ward)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 97

2. FULL NAME MRS MINNIE LOHSE SCHLER
(a) Residence, No. 716 MAIN 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 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 PETER SCHLER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 24-1871

7. AGE 37 YEARS 66 MONTHS 1 DAYS 7 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) OCT-1936
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SAXONY GERMANY

FATHER
13. NAME ERNEST JEAGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME CLARA SCHUBERT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) EDGAR LOHSE KANSAS CITY MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE WALNUT GROVE DATE NOV 2 1937

19. UNDERTAKER (ADDRESS) STEGNER-KOENIG BOONVILLE MO

20. FILED NOV 2, 1937 D E Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1-37, 19, to 10-31-37, 19
I last saw her alive on 10-30-37, 19 Death is said to have occurred on the date stated above, at 8 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Cachexia	10-15-37
Carcinoma of Breast	1933
with generalized metastases	1935

Other contributory causes of importance:

bronchopneumonia	10-29-37

50

Name of operation None Date of
What test confirmed diagnosis? None 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) A. Eva Rawson, M. D.
(Address) Boonville Mo

WHITE PLAINLY WITH UNFADING INK

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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