

NOV 19 1937

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

Do not use this space.

38214

1. PLACE OF DEATH

County Marion
Township Mason
City Hannibal

Registration District No. 547
Primary Registration District No. 3079
St. Elizabeth Hospital

File No. 38214
Registered No. 313
St. _____ Ward _____

2. FULL NAME Baby Schade

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1937

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

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

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) Hannibal, Mo.

13. NAME William Schade

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

15. MAIDEN NAME Pauline Lehenbauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

17. INFORMANT (ADDRESS) William Schade Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Ely, Mo. DATE 10/22/37

19. UNDERTAKER (ADDRESS) Lewis Brad Palmyra, Mo.

20. FILED Oct 23 1937 Mc Fisher Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from 10/21 1935 to 10/21 1935
I last saw h. m. 10/21 1937 Death is said to have occurred on the date stated above, at 3:30 P. m.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. J. Hill, M. D.
(Address) Palmyra, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

64-85

