

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmyra (No. 1)

Registration District No. 548.
Primary Registration District No. 4323

File No. 38223
Registered No. 44. St. _____ Ward _____

2. FULL NAME Lena Ester Schade

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

Length of residence in city or town where death occurred 8 yrs. mos. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 0 5

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

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) Marion County, Mo.
(STATE OR COUNTRY)

13. NAME George Schade

14. BIRTHPLACE (CITY OR TOWN) Adams County, Ill.
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Krull

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

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

18. BURIAL, CREMATION, OR REMOVAL Marion County,
PLACE Little Union DATE 10/24/37

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

20. FILED Oct. 22, 1937 Verdundelee
Registrar.

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

22. I HEREBY CERTIFY That I attended deceased from Oct 1, 1937, to Oct 21, 1937

I last saw her alive on Oct 21, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Carcinoma uterus Date of onset Sept 1936

Other contributory causes of importance: 48

Name of operation _____ Date of _____

What test confirmed diagnosis? Laboratory 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. G. Thomas 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.

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