JAN 21 1938

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

Do not use this space.

46239

1. PLACE OF DEATH
County Osage
Township Crawford
City Linn
Registration District No. 640
Primary Registration District No. 5849
File No.
Registered No. 33
(No. St. Ward)

2. FULL NAME Frederick Schroeder
(a) Residence, No. Linn Mo 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6-37
7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Babe
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) Linn Mo

FATHER
13. NAME Frederick John Schroeder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo

MOTHER
15. MAIDEN NAME Elizabeth Mary Linnenbrink
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo

17. INFORMANT (ADDRESS) Self (Dr Hume)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Linn Mo DATE 12-8 1937
19. UNDERTAKER (ADDRESS) None
20. FILED 12-8 1937 Mrs Dora Jett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-6-37, 19, to 12-7-37, 19
I last saw him alive on 12-6-37, 19 Death is said to have occurred on the date stated above, at 4a m.
The principal cause of death and related causes of importance were as follows:
Birth injuries
Probably a cerebral hemorrhage
Date of onset

Other contributory causes of importance: None

Name of operation Clinical 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? Accident Date of injury 12-6-37, 19
Where did injury occur? at birth
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury forceps delivery
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. S. Hume M.D., M. D.
(Address) Linn 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.