

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

Do not use this space.

3444

1. PLACE OF DEATH

County Miller Registration District No. 6
 Township Osage Primary Registration District No. 5760
 City Dixon, R. 3 (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

John Joseph Schaffer 160

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

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Elizabeth Koester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-15-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	82	10	14	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Farmer
 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Mountain, Mo.

FATHER
 13. NAME John Schaffer

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

MOTHER
 15. MAIDEN NAME Margareth Riesing

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

17. INFORMANT (ADDRESS) Henry Schaffer, Dixon, Mo. R. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Stantony, Mo. DATE Jan 31, 1938

19. UNDERTAKER (ADDRESS) Osage, Mo.

20. FILED Jan 29, 1938 John B. Schwoieter, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1937, to 1-29, 1938

I last saw him alive on Dec 30, 1937. Death is said to have occurred on the date stated above, at 9⁰⁰ a. m.

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

Senile Dementia
influenza

Other contributors causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. W. Duncan, M. D.

(Address) Dixon, 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.

L. ...

RECEIVED

FEB 28 1938

BUREAU OF VETERINARY MEDICINE
NO. STATE BOARD OF HEALTH