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.

REC'D MAR 15 1938

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

Do not use this space.

6694

1. PLACE OF DEATH
County Franklin
Township Boone
City ..... (No. ..... St. ..... Ward)
Registration District No. 1104
Primary Registration District No. 5415 a
File No. 6694
Registered No. 2

2. FULL NAME Tena Katherine Schween 500
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 61 yrs. 10 mos. 20 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 John H Schween
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-76
7. AGE YEARS 61 MONTHS 10 DAYS 20 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. 1-15-38
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) Sullivan Mo
FATHER
13. NAME Adolph C Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
MOTHER
15. MAIDEN NAME Dora A Rops
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Sylvia Copeland Union Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE New Friendship DATE 2-10 1938
19. UNDERTAKER (ADDRESS) E J Meyer Gerald Mo
20. FILED 2-9 1938 Charles A Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7, 1938
22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1938, to 2-7, 1938
I last saw her alive on 2-7, 1938 Death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia — Date of onset 2-4-38
Other contributory causes of importance:
Measles
Chr. Myocarditis
Name of operation None 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) Charles A Schmidt, M. D.
(Address) Gerald Mo

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