

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.

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

Do not use this space.

DEC'D APR 19 1938

10898

1. PLACE OF DEATH

County Harrison  
 Township Boyard  
 City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 347  
 Primary Registration District No. 5485-

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Purdsmand Schumacher 526

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

Length of residence in city or town where death occurred 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1860

7. AGE YEARS 77 MONTHS 6 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, 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) 1937 11. Total time (years) all spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

13. NAME Jacob Schumacher

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

15. MAIDEN NAME Dorothy Tetter

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

17. INFORMANT Mrs. Creighton Schumacher (ADDRESS) mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rehner Cem DATE Jan 14 1938

19. UNDERTAKER Robert Arnold (ADDRESS) Creighton mo

20. FILED 3-19 1938 D. P. Hough Registrar

Rehner Cemetary Creighton mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 27 - 1937, to Jan 12 - 1938

I last saw him alive on Jan 12 1938 Death is said to have occurred on the date stated above, at 2<sup>00</sup> P.M.

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

Cardiac Asthma Date of onset \_\_\_\_\_

9533  
 The contributory causes of importance: Enlarged Prostate gland

Name of operation no 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) D. P. Hough, M. D.

(Address) Creighton mo

Jff Hampton.  
Clinton