

REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3554
 City Independence, (No. _____) St. _____ Ward _____

File No. 10982
 Registered No. 80

2. FULL NAME Thelma Elizabeth Schooley 400

(a) Residence, No. 1812 Maywood Ave. 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. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl D. Schooley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7, 1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 7 8
 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.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

MOTHER 13. NAME Elmer J States

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

15. MAIDEN NAME May Roach

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

17. INFORMANT Carl D. Schooley
 (ADDRESS) 1812 Maywood Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 3-18-1938

19. UNDERTAKER Cato & Speaks Funeral Home
 (ADDRESS) Independence, Mo.

20. FILED 3-17-1938 J. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1938

22. I HEREBY CERTIFY, That I attended deceased from 3/3, 1938, to 3/15, 1938

I last saw him alive on 3/11, 1938. Death is said

to have occurred on the date stated above, at N.A. m.

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

Bronchial Pneumonia
Staphylococcus Septicemia

Date of onset

Other contributory causes of importance:

Glandular Infection neck

Name of operation _____ Date of _____

What test confirmed diagnosis? Pat. Clinical 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? _____

If so, specify _____
 (Signed) Thelma, M. D.

(Address) 1030 7 1/2 Ind. Ave. K.C. MO

360

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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