

REC'D MAY 9 1938

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

Do not use this space.

13538

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City(No. 4208 Woodland)

File No. ....

Registered No. 1518

St. ....

Ward) ....

2. FULL NAME John Henry Schell(a) Residence, No. 4208 Woodland

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

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 OFAnnie Schell

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 6, 1859

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.78829

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.None9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Michigan

FATHER

13. NAME Joseph Schell14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME Marye Baise16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Baden, Germany17. INFORMANT  
(ADDRESS)Miss Laura Schell  
4208 Woodland

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. MarysDATE 4/7/38

19.

19. UNDERTAKER  
(ADDRESS)Quirk & Tobin Company  
Kansas City, Missouri

20. FILED

Apr 7 1938 Th. M. Brown

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

4/5/38

19

22. I HEREBY CERTIFY, That I attended deceased from

Just after 9:00 a.m. 1938 to Wed 28 1938I last saw him alive on Wed 28, 1938 Death is saidto have occurred on the date stated above, at 4:45 p.m.

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

General Mental Prostration Date of onset  
Chronic Myocarditis  
General Sepsis At 10 p.m.

Other contributory causes of importance:

About 8 years ago he  
was held up in his store  
& was struck on head  
causing the brain to  
Name of operation None Date of None

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 Geo F. Nave

(Signed)

(Address) 900 Gallo Ridge

, M. D.

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.

