

DEC 0 MAY 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Warren Registration District No. 882
 Township Victorytown Primary Registration District No. 6174
 City Wright City (No. _____) _____ St. _____ Ward _____

File No. 16128
 Registered No. 7
 _____ St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 68 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 (circle the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Schaper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 66 9 24

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. On own farm
 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) Wright City Mo.

13. NAME William Schaper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Knoll Kentucky

15. MAIDEN NAME South Knoll

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Knoll Kentucky

17. INFORMANT (ADDRESS) William Schaper, Wright City

18. BURIAL, CREMATION, OR DISPOSAL PLACE Wright City DATE 4-26-38

19. UNDERTAKER (ADDRESS) Wright City, Mo.

20. FILED 4/25 1938 W. J. Cravenbach M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938 to April 24, 1938
 I last saw him alive on April 24, 1938. Death is said to have occurred on the date stated above, at 3 P m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory 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? No

If so, specify _____

(Signed) Blum Miller _____ M. D.
Forrestell _____ (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Do not use this space.

