

REC'D JUN 20 1938

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

Do not use this space.

18705

1. PLACE OF DEATH

County Lawrence
Township Rock Prairie
City Aurora Rt 2 (No. 1)

Registration District No. 438
Primary Registration District No. 4280

File No.
Registered No.
St. Ward)

2. FULL NAME Anna E. Schwalzenbaer

(a) Residence, No. Aurora Rt 2 St. Ward.

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 8, 1859</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Verona 0

13. NAME
John White 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Greene Co. 9

15. MAIDEN NAME
Unknown

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

17. INFORMANT
Henry Schwalzenbaer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camp Ground DATE May 30 1938

19. UNDERTAKER
Aurora Funeral Home
(ADDRESS) 229 W Church, Aurora, Mo

20. FILED 19 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to May 29, 1938
I last saw him alive on May 28, 1938. Death is said

to have occurred on the date stated above, at 11:00 a.m.

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

Tumors of stomach not
40
not
Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Edwin 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) J. Will Smith, M. D.
419 (Address) Aurora, Mo

N. B.—Every item on this certificate should be carefully supplied. AGE should be stated LEGALLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18705-
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 468
 (b) Township Buck Prairie Primary Registration District No. 5629 Registered No. 17
 (c) City (d) Street No. St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna E. Schwalzenbarn

(a) Residence, No. Aurora Rt 2 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Henry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 1859
 7. AGE YEARS 79 MONTHS 3 DAYS 21 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to May 29, 1938
 I last saw h. or alive on May 28, 1938 Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset
 Other contributory causes of importance:

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

FATHER 13. NAME John White

14. BIRTHPLACE (CITY OR TOWN) Greene Co (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Henry Schwalzenbarn (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Camp Ground DATE May 30, 1938

19. FUNERAL DIRECTOR Austin Funeral Home (ADDRESS) 229 W Church Verona

20. FILED 7-20, 1938 Laura O. Cannady (Address) Aurora Mo
 Local Registrar

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?
 (If so, specify)
Will Smith, M. D.
 (Address) Aurora Mo

PHYSICIANS SHOULD BE CAREFULLY SUPPLIED. AGENTS SHOULD BE CAREFULLY SUPPLIED. EXACT STATE OCCUPATION IS VERY IMPORTANT. REGISTERARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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