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.

REC'D JUL 25 1938

1. PLACE OF DEATH
County Sullivan Co | Registration District No. 852 | File No. 23128
Township Jackson | Primary Registration District No. 6124 | Registered No.
City (No. St. Ward)

2. FULL NAME Mary Frances Schoonover 516
(a) Residence, No. 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) widdown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M Schoonover
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1855
7. AGE YEARS 83 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) March 1938
11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Mo

FATHER
13. NAME William T. Ramsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leont Know

MOTHER
15. MAIDEN NAME Sarah Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leont Know

17. INFORMANT (ADDRESS) John W Schooner Lemons Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Geobee Cemetery DATE June 21 1938
19. UNDERTAKER (ADDRESS) Comstock Mere Co. Unionville Mo
20. FILED June 28, 1938 Cleo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to June 20, 1938
I last saw her alive on April 20, 1938. Death is said to have occurred on the date stated above, at 8 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1
Chronic Nephritis	
Myocardial insufficiency	

Other contributory causes of importance:
Senility | 2
Arteriosclerosis | 0

Name of operation 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) Elmer A Larsen, M. D.
(Address) Centerville Iowa