

REC'D AUG 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County S. FranciscoRegistration District No. 272Township S. FranciscoPrimary Registration District No. 4463City Elmwood (No.)

St. Ward)

File No. 25388Registered No. 7892. FULL NAME Christian Schaeffer

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Idea Schaeffer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18th 18557. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 | 7 | 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs10. Date deceased last worked at this occupation (month and year) 7-20-38 11. Total time (years) spent in this occupation 6 1/212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Chr. Schaeffer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Blandia Rainling16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Idea Schaeffer (ADDRESS) Elmwood18. BURIAL, CREMATION, OR REINTERMENT PLACE Farmington DATE 7-23-3819. UNDERTAKER Caldwell Bros (ADDRESS) Feather River20. FILED 8/8 1938 C. B. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20, 193822. I HEREBY CERTIFY, That I attended deceased from 7-20, 1938, to 7-20, 1938I last saw him alive on 7-20, 1938 Death is saidto have occurred on the date stated above, at 3:30 m.

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

coronary artery sclerosis
chr. nephritisDate of onset
unkOther contributory causes of importance: 121hypertension
arteriosclerosis generalName of operation none Date of unkWhat test confirmed diagnosis? urinal 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) Harold C. Garbe M. D.(Address) Desloge Mo

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.

