

DEC 13 1938

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

Do not use this space.

39044

1. PLACE OF DEATH

32 County DeKalb. 2 Registration District No. 259
Township Camden. 1 Primary Registration District No. 4158
2 City Maysville. (No. St. Ward)
0

2. FULL NAME Yvonne Schuchman.

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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) Stillborn.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 21 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Stillborn.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Maysville
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) DeKalb Co. Missouri. 0

13. NAME Lloyd Schuchman.

14. BIRTHPLACE (CITY OR TOWN) DeKalb Co. Missouri. 0

15. MAIDEN NAME Winnie Gutherie.

16. BIRTHPLACE (CITY OR TOWN) St. Louis Co. Missouri. 0

17. INFORMANT (ADDRESS) Lloyd Schuchman. Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant Cem. DATE Nov. 21 38

19. UNDERTAKER (ADDRESS) U. G. Pilcher. Maysville Mo.

20. FILED 11-30-1938 Ethel H. Gower Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 1938 to 1938
I last saw him alive on 11-21-38 Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance: Cause unknown

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 (Signed) Maysville Mo. 234 (Address) Maysville Mo.

3 D. O.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X9314

U.S. Pilcher General Service License # 3961

By C. P. Pilcher License # 3960.

Has not been submitted.