

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

Do not use this space.

33520

1. PLACE OF DEATH

County Lafayette Registration District No. 457
Township Greenham Primary Registration District No. 3621B
City Camden (No. _____) St. _____ Ward _____

2. FULL NAME Still born Scheep

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-25-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 0

OCCUPATION 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Camden (STATE OR COUNTRY) Mo

FATHER 13. NAME Erwin Scheep

14. BIRTHPLACE (CITY OR TOWN) Camden (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Della Langewich

16. BIRTHPLACE (CITY OR TOWN) Camden (STATE OR COUNTRY) Mo

17. INFORMANT Erwin Scheep (ADDRESS) Camden

18. BURIAL, CREMATION, OR REMOVAL PLACE Emma DATE 11-24-38

19. UNDERTAKER Erwin Scheep (ADDRESS) Camden

20. FILED Nov 26 1938 Edmund Shryman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-38

22. I HEREBY CERTIFY, That I attended deceased from 11-20-38 to 11-24-38

I last saw him _____ alive on _____ 19 _____ Death is said

to have occurred on the date stated above, at Camden

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

Still born
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? _____

If so, specify _____

(Signed) E. J. Houston M. D.

(Address) Camden

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12/5/38