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.

REC'D JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 19447
Township — Primary Registration District No. 3032 — Registered No. 148
City Sedalia (No. ..., ... St. ... Ward)

2. FULL NAME Mrs Mary B. Schieberl
(a) Residence, No. 311 East 3rd 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jacob H. Schieberl
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 31, 1857
7. AGE: 81 YEARS, 8 MONTHS, 3 DAYS — If LESS than 1 day, ... hrs. or ... min.

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.: Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Czecho-Slovakia
FATHER
13. NAME: Peter Smasal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Czecko-Slovakia
MOTHER
15. MAIDEN NAME: Elizabeth Novie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Czecko-Slovakia
17. INFORMANT (ADDRESS): Mrs Mamie Clark, 311 East 3rd, Sedalia, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary DATE: 5/5 1939
19. UNDERTAKER (ADDRESS): Duane Ewing, Sedalia, Mo.
20. FILED May 5 1939 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAY 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from As Coroners, to case only, 19...
I last saw her As Coroners case only, 19... Death is said to have occurred on the date stated above, at 1:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	
2	

Other contributory causes of importance:
Chronic myocarditis
Chronic nephritis
Chronic arteriosclerosis

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) Gordon [illegible], M. D.
(Address) Coroner of Pettis Co.

Dr. Stauffacher
5th and Engineer

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/8/59