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.

USED JUL 17 1939

Mitchell

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

Do not use this space.

22917

File No. 184
Registered No. 12 184

1. PLACE OF DEATH
County Cedar
Township Elk Fork
City Sedalia (No. 525 Bothwell Hospital St. Ward)
Registration District No. 668
Primary Registration District No. 3032

2. FULL NAME Maggie Schnackenberg
(a) Residence, No. R.F.D. 1 Greenridge, Mo. St., Ward. Greenridge Mo. R.F.D. 1
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 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: Richard Schnackenberg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14, 1874
7. AGE: Years 65 Months 0 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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) (STATE OR COUNTRY): Benton County Missouri
FATHER
13. NAME: John Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany
MOTHER
15. MAIDEN NAME: Mary Linnie Schenkeart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany
17. INFORMANT (ADDRESS): L. E. Coats Greenridge R.R. #1
18. BURIAL, CREMATION, OR REMOVAL PLACE: Lake Creek DATE: 6-3-1939
19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia
20. FILED: June 5 1939 Harry Snead Registrar. W.R. Shelby

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 2 1939
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1939, to June 3, 1939
I last saw her alive on June 3, 1939. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial's chronic	
Partial Bundle Branch Block	
& Bronchial asthma	

Other contributory causes of importance: 93 C

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? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) Sedalia Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-2-37