

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

Do not use this space.

23002

**1. PLACE OF DEATH**

County Sullivan Registration District No. 852  
Township Polk Primary Registration District No. 4518  
City Mt. Airy (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(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 60 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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1852  
7. AGE YEARS 88 MONTHS 3 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Funeral Director  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Dealer  
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) Lee County, Mo.

13. NAME Martin Schoene

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Germany

15. MAIDEN NAME Katharina Shorb

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Chas. A. Schoene, Mt. Airy, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem. DATE July 2, 1940

19. UNDERTAKER (ADDRESS) Schoene, Mt. Airy, Mo.

20. FILED July 1, 1940 Geo. Hagan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1940

22. I HEREBY CERTIFY That I attended deceased from March, 1940, to June 30, 1940  
I last saw him alive on June 26, 1940 Death is said to have occurred on the date stated above, at 11:58 a.m.

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

Fracture of femur  
Senility, Pulmonary infection (Bronchitis)  
Other contributory causes of importance:  
Senility, Pulmonary infection (Bronchitis)

Date of onset Nov 2, 1940

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 Fall on floor  
Nature of injury Fracture of femur, iliac hip joint

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. S. Montgomery M. D.  
(Address) 1.11th and Mt. Airy

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

2046-2-19-36 I X7294

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.

Report of  
District Health Officer No. 10  
District File Number 7-40-141  
Date Filed JUL 11 1940