

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

Do not use this space.

FILED SEP 16 1940

28193

1. PLACE OF DEATH

County Boonville
Township Shannon
City 536 Selma (No. Schneider)

Registration District No. 129
Primary Registration District No. 5780

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 40 Shannon St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 79 yrs. 10 mos. 13 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-25-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 5 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Forrest MO

13. NAME Julius S. Scruppe

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

15. MAIDEN NAME Justine Dietze

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

17. INFORMANT (ADDRESS) John Schneider Shannon MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Shannon DATE Aug 11-1940

19. UNDERTAKER (ADDRESS) Fred Palmer Shannon, Mo.

20. FILED Aug 10, 1940 G. J. Schorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1940

22. I HEREBY CERTIFY, That I attended deceased from Open 1940, to Sept 8 1940. I last saw her alive on August 7 1940. Death is said to have occurred on the date stated above, at 10:30 m. The principal cause of death and related causes of importance were as follows:

Carcinoma of the
uterus

Other contributory causes of importance 46
acute nephritis

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) R. D. Playbeck M. D.
124 (Address) 2001 Ridge MO

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

