

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 MAR 16 1939

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

Stamp facs
Do not use this space.

7470

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. R # 2, St. 336 Ward)

Registration District No. 6685887
Primary Registration District No. 3055

File No. 76
Registered No. 76

2. FULL NAME Samuel Schneider

(a) Residence, No. R # 1 St. 336 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. da. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 5 5

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

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) Ohio

13. NAME Unkown

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

15. MAIDEN NAME

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

17. INFORMANT Lawrence Schneider (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Hill Cem DATE Feb. 27, 1939

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED Feb 27 19 39 Mrs Harry Sneed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from as common case only 19 as common case only Death is said to have occurred on the date stated above, at 2:00 P. m. The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage - apoplexy

Date of onset

Other contributory causes of importance:

Chronic nephritis
Chronic nephritis
arteriosclerosis

Name of operation Date of What test confirmed diagnosis? Was there an autopsy Yes

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) Edwin S. Sneed M. D.

(Address) Commerce, Pettis County

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2/6/39