

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.

JUN 20 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

19474

File No. 180  
Registered No. 180  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

County Pitts Registration District No. 661  
Township Bothwell Hospital Primary Registration District No. 3032  
City Sedalia Mo (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2. FULL NAME

(a) Residence, No. 620 Mrs Fred Frisch St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Lincoln Mo

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 14, 1871  
7. AGE YEARS 67 MONTHS 9 DAYS 17 If LESS than 1 day, hrs. or min.

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) Mt. Hilda (STATE OR COUNTRY) MISSOURI

13. NAME Henry Schumacher

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

15. MAIDEN NAME Katherine Bother

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

17. INFORMANT Fred Frisch (ADDRESS) Lincoln, Missouri, R2

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hilda Mo DATE June 2, 1939

19. UNDERTAKER J. B. Calbert (ADDRESS) Lincoln Mo

20. FILED 6-1 19 39 Mrs Harry Sneed Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1939, to May 31, 1939  
I last saw her alive on May 31, 1939. Death is said to have occurred on the date stated above, at 3 P. m.  
The principal cause of death and related causes of importance were as follows:

coronary embolism  
94%

Other contributory causes of importance:

Branchial pneumonia  
lower lobe both lungs

Name of operation Unilateral Resection Date of May 14, 1939  
What test confirmed diagnosis? Clinical 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) M. J. Shy M. D.  
(Address) Sedalia Mo

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/8/39