

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

Do not use this space.

16337

JUL 5 1928

1. PLACE OF DEATH

County Butler
Township Poplar Bluff
City Poplar Bluff (In _____ Ward)

Registration District No. 89
Primary Registration District No. 5731

File No. _____
Registered No. 128
St. _____ Ward)

2. FULL NAME

Lloyd Daniel Schenewass

(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 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21 1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>8</u>	<u>6</u>	<u>7</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff
(STATE OR COUNTRY) MO

10. NAME OF FATHER Phillip Schenewass

11. BIRTHPLACE OF FATHER (CITY OR TOWN) California
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Clara Higgins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) California
(STATE OR COUNTRY) MO

14. INFORMANT Phillip Schenewass
(Address) Poplar Bluff B. F. D. 4

15. FILED 5/31, 1928 D. B. J. Clay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1928

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to May 28, 1928 that I last saw him alive on May 28, 1928, and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

18.5
5.5
Septicemia
(duration) _____ yrs. _____ mos. 4 ds.
CONTRIBUTORY Puncture wound on leg with slough
(SECONDARY) (duration) _____ yrs. _____ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Keen Narver, M. D.

5/31, 1928 (Address) Poplar Bluff MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL May 28 1928

20. UNDERTAKER N. C. Phelps ADDRESS Poplar Bluff

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.

WHILE IN EFFECT, WITH UNPAID INK—THIS IS A PERMANENT RECORD

