JAN 24 1929

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

Do not use this space.

37562

1. PLACE OF DEATH

County Maries — Registration District No. 542 — File No. 69

Township Jackson — Primary Registration District No. 5731 — Registered No. 11

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Bernard Casper Schwartze

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26-1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	8	2	19	

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) Maries Co. Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Stephan Schwartze

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Koeltztown
(STATE OR COUNTRY) Osage Co. Mo.

12. MAIDEN NAME OF MOTHER Maggie Boeckman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Koeltztown
(STATE OR COUNTRY) Osage Co. Mo.

14. INFORMANT Stephan Schwartz
(Address) Argyle. Mo.

15. FILED Dec-30 1928 Lorenzo McEad REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1928, to Nov 14, 1928, that I last saw him alive on Nov 14, 1928, and that death occurred, on the date stated above, at 2:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Meningitis
79A

71A

(duration) — yrs. — mos. 27 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 20-1928

WAS THERE AN AUTOPSY? No and Nov 14-1928

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. J. Radmacher, M. D
, 19 (Address) Argyle 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 St Aloysius Cemetery Argyle Mo — DATE OF BURIAL Nov 16 1928

20. UNDERTAKER Joseph Wulff — ADDRESS Argyle Mo

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.