

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.

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

Do not use this space.

30913

1. PLACE OF DEATH

County *St. Charles*
 Township *Cummins*
 City *Wentzville* (No.)

Registration District No. *1175*
 Primary Registration District No. *5999*

File No. *1*
 Registered No. *13*
 St. Ward)

2. FULL NAME

Rodney William S. Schrader

(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)

July 12 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, hrs.
 or min.

2

4

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)

Wentzville

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Man Henry Schrader

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

PARENTS

12. MAIDEN NAME OF MOTHER

Emma W. H. ...

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14. INFORMANT

William H. Schrader

(Address)

Wentzville Mo

15. FILED

8/5 1930

H. Caldwell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 4 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 1 -*

1930 to *Sept 4 1930*

that I last saw him alive on *Sept 4 1930* and that death occurred, on the date stated above, at *1150 Caldwell*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery

(duration) yrs. mos. *6* ds.

CONTRIBUTORY (SECONDARY)

Colic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *Home*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *No*

(Signed) *J. S. ...* M. D.

Sept 5 1930 (Address) *Wentzville 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

Wentzville Mo

DATE OF BURIAL

9-5 1930

20. UNDERTAKER

W. C. ...

ADDRESS

Wentzville Mo

