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.

JAN 2 1930

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

Do not use this space.

41788

1. PLACE OF DEATH
County: Texas
Township: Pine
City: (No. ..... St. ..... Ward)
Registration District No. 863
Primary Registration District No. 6137
File No.
Registered No. 24

2. FULL NAME ~~Randolph Schell~~, Reinhart Scherr
(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: M
4. COLOR OR RACE: German
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): unk

7. AGE: about 80 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: inmate of co home for homes.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: unk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unk
12. MAIDEN NAME OF MOTHER: unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unk

14. INFORMANT: R. W. Harrington
(Address)

15. FILED 12-22 1930 J. R. Womack REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-22 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-21, 1930, to 12-22, 1930 that I last saw him alive on 12-21, 1930 and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exposure to cold
Wandered away from home laid out on snow.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): senility
162
190
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 202
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. R. Womack, M. D.
, 19 (Address) Houston 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: Pleasant Grove
DATE OF BURIAL: 12-23 1930

20. UNDERTAKER: G. V. Elliott
ADDRESS: Houston