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

Do not use this space.

23282

File No. 2988

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 389

Township Kaw — Primary Registration District No. 1082

City Kansas City (No. Menorah Hospital St. Ward)

2. FULL NAME Miss Irene M. Schneider

(a) Residence, No. 3301 Wabash St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.

4. COLOR OR RACE: Wh.

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) May 11, 1898

7. AGE: YEARS 35 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill saw mill, bank, etc. Central Jr. High

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

FATHER

13. NAME Fred J. Schneider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Anna Zimmerman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT (ADDRESS) Mrs. Anna Schneider 3301 Wabash

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE July 24 1933

19. UNDERTAKER (ADDRESS) D.W. Newcomer's Sons 2111 East 9th St.

20. FILED July 22 1933 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to July 21, 1933

I last saw her alive on July 21, 1933. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

87B

Multiple Sclerosis

Other contributory causes of importance:

Bacterial Endocarditis

Name of operation none Date of —

What test confirmed diagnosis Laboratory Clinical Was there an autopsy? No.

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? No

If so, specify

(Signed) Victor Henry Bergmann, M. D.

(Address) 818 Professional Bldg

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

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