

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

Do not use this space.

25505

1. PLACE OF DEATH

County Adair Registration District No. 4 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3001 Registered No. 162  
City Kirkville (No. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)

2. FULL NAME

Claus Henry Schnakenberg  
(a) Residence, No. Leola Mo. St. \_\_\_\_\_ Ward. Leola Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Helen Schnakenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-10-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 10 21

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Martha Helen Schnakenberg (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Leola Mo. DATE 9/1/33

19. UNDERTAKER Leola Home (ADDRESS) Leola Mo.

20. FILED Sept 15, 1933 Mrs. C. H. Becker Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1933, to Aug 31, 1933. I last saw him alive on Aug 31, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

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

Intestinal obstruction (of lower part large intestine) 12/30  
Other contributory causes of importance: gradual intestinal 12/30

Name of operation Exploratory lap Date of 8/31/33  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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.

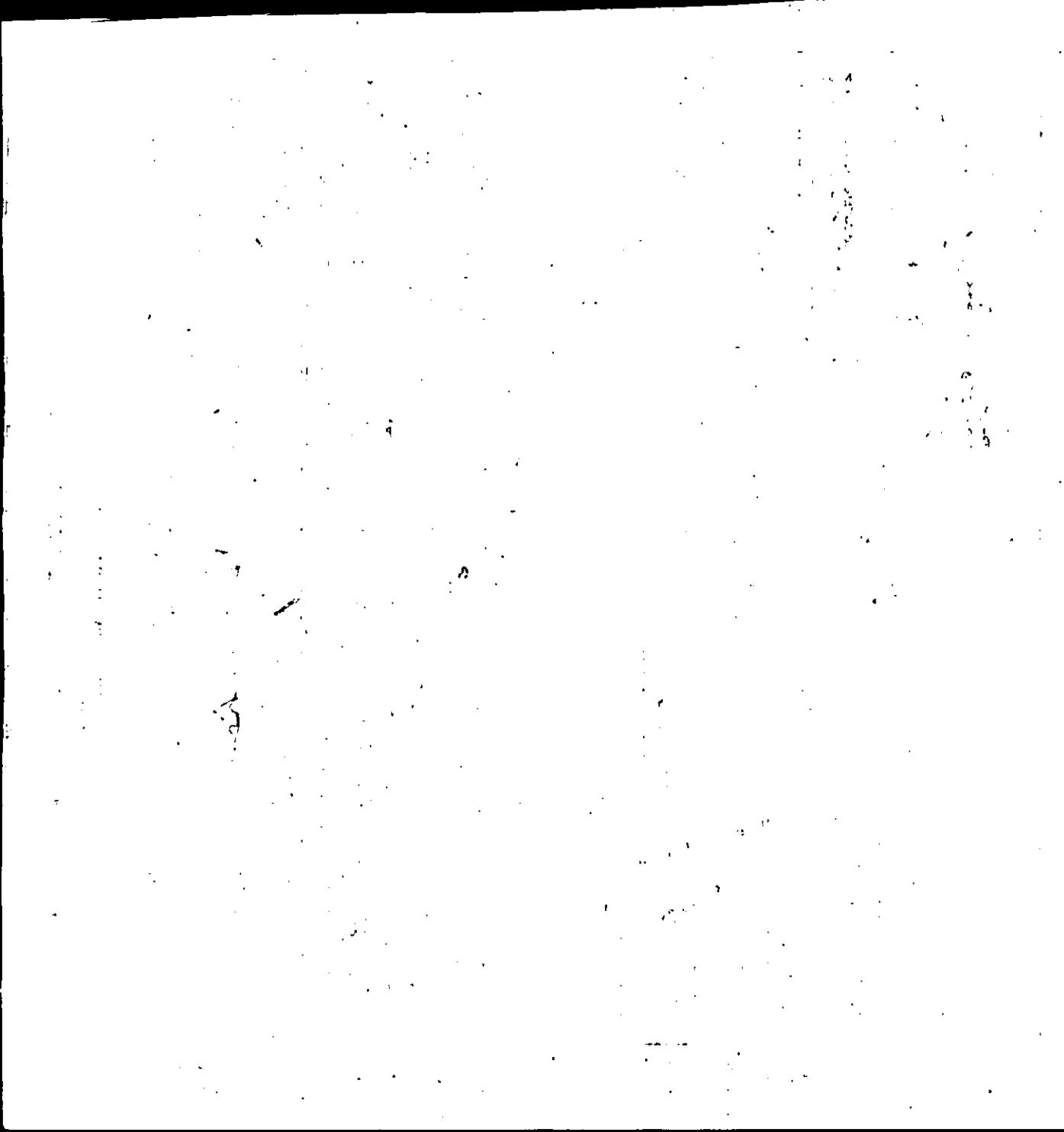
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Earl Laughlin Jr. M. D.  
(Address) Laughlin Hospital  
Kirkville

CAUSE OF DEATH in plain terms, so that it may be understood by laymen, to be written on this form.

OCT 20 1933

19  
10  
10  
10



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cedar Registration District No. 4 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3001 Registered No. 162  
 City Berksville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Clara Liberkemper

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 to have occurred on the date stated above, at \_\_\_\_\_ m.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 The principal cause of death and related causes of importance were as follows:

*Industrial obstructive exact cause not known*  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance \_\_\_\_\_  
*Gangrene in foot, appendix was apparently not involved. Gangrene of colon.*  
 Name of operation Exploratory laparotomy Date \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 13. NAME \_\_\_\_\_  
 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. \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 15. MAIDEN NAME \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT (ADDRESS) \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_  
 (Signed) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_  
 20. FILED \_\_\_\_\_, 19\_\_\_\_ Spencer Freeman Registrar.

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly understood.

S-25505