WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 4 1934

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

Do not use this space.

35294

1. PLACE OF DEATH

97 County Saline — Registration District No. 798 — File No.

Township Blackwater — Primary Registration District No. 6042 — Registered No.

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

2. FULL NAME Infant of Mr & Mrs Albert Scheid

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

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) Oct 27-1933

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

OCCUPATION
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 ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo.

FATHER
13. NAME Albert Scheid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

MOTHER
15. MAIDEN NAME Ferne J. Scheid
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo.

17. INFORMANT (ADDRESS) Virgil A. Shelton Nelson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Huston Mo. DATE Oct 30 1933

19. UNDERTAKER (ADDRESS) R. W. Campbell Marshall Mo.

20. FILED Nov. 6 1933 C. L. Chiswell Registrar. 10/29-33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1933, to Oct 29, 1933

I last saw him alive on Oct 29, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Cerebral Hemorrhage — Date of onset

Due to injuries at birth - 16 OD

Other contributory causes of importance: 16 OD

Name of operation ..... Date of .....

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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) .....