

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

Do not use this space.

40670

**1. PLACE OF DEATH**

County Greene  
Township Jackson  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 508  
Primary Registration District No. 5675

File No. \_\_\_\_\_  
Registered No. 150

**2. FULL NAME**

Walter L. Schuab

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Schuab

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-25-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
52 0 29

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

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) Jackson Township  
Ill. Mo.

13. NAME Edward Schuab

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

15. MAIDEN NAME Ellen Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Mo.

17. INFORMANT Ida Schuab  
(ADDRESS) Ballwin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brassfield DATE Dec 26, 1933

19. UNDERTAKER Jashlow  
(ADDRESS)

20. FILED Dec 26, 1933 Donald H. Howell  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 24 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1933 to Dec 24, 1933  
I last saw h. alive on Dec 1, 1933 Death is said to have occurred on the date stated above, at 9:50 am.  
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis. Date of onset 1928

Other contributory causes of importance None

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? Chrom. test 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) G. W. Carpenter, M. D.  
(Address) Utica, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important.

57  
1934  
28

