

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

Do not use this space.

JAN 27 1934

File No. **1823**
Registered No. **9**
St. _____ Ward _____

1. PLACE OF DEATH
 County Washington Registration District No. 508
 Township _____ Primary Registration District No. 3026
 City Lehlicolth (No. _____) St. _____ Ward _____

2. FULL NAME Richard L. Schoening

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-14-1932</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>2</u> | <u>-</u> |
| | | DAYS |
| | | <u>4</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u> | | |
| 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) <u>Lehlicolth Mo</u> | | |
| 13. NAME <u>Bernard Schoening</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gov Leo Mo</u> | | |
| 15. MAIDEN NAME <u>Thelma Leaver</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gudlow Mo</u> | | |
| 17. INFORMANT <u>Bernard Schoening</u> (ADDRESS) <u>Lehlicolth Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leatholw</u> DATE <u>Jan-19-1934</u> | | |
| 19. UNDERTAKER <u>Gas B Gordon</u> (ADDRESS) <u>Lehlicolth Mo</u> | | |
| 20. FILED <u>Jan 20 1934</u> <u>Donald K. Howell</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 - 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 17, 1934, to Jan 18, 1934
 I last saw him alive on Jan 18, 1934 Death is said to have occurred on the date stated above, at 2:30 pm.
 The principal cause of death and related causes of importance were as follows:
Laryngeal Diphtheria Date of onset 1/14/34

Other contributory causes of importance: 4/10

Name of operation _____ Date of _____
 What test confirmed diagnosis 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) A. W. Carpenter, M. D.
 (Address) Utica Mo

This certificate must be properly completed. Exact statement of OCCUPATION is very important.

