

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

Do not use this space.

4374

1. PLACE OF DEATH

County Cooper

Registration District No. 218

File No. 13

Township Beaumont

Primary Registration District No. 3015

Registered No.

City Beaumont (No. St. Ward)

2. FULL NAME Mrs. Caroline Schroeder

(a) Residence, No. Cooper County Home 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Schroeder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS <u>84</u>	MONTHS
	DAYS	If LESS than 1 day, hrs. or min.

OCCUPATION

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

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)
St Charles Mo

MOTHER / FATHER 13. NAME
Unknown

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT Mrs. E S Melkersman
(ADDRESS) Beaumont Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem DATE Feb 4 1934

19. UNDERTAKER Goodman & Bolter
(ADDRESS) Beaumont Mo

20. FILED Feb 3 1934 RWB Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from April 26 1933 to Feb 2 1934

I last saw him alive on Feb 2 1934. Death is said to have occurred on the date stated above, at 4:40 P. m.

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

Cerebral Hemorrhage Date of onset Feb 2 1934

Other contributory causes of importance:
General Arteriosclerosis 1925

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) J. C. Fincher, M. D.
(Address) Beaumont Mo.

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.

