

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

Do not use this space.

19119

**1. PLACE OF DEATH**

County Barry  
Township Wheaton  
City Wheaton (No. \_\_\_\_\_)

Registration District No. 31 3040  
Primary Registration District No. 50929

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Donald Lee Schad.

(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**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L  
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) Purdy Mo.

MOTHER 13. NAME Emil Schad.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Purdy Mo.

15. MAIDEN NAME Berina Casper.

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

17. INFORMANT Emil Schad. (ADDRESS) Purdy Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James Prairie DATE June 13, 1934

19. UNDERTAKER Blauenship, (ADDRESS) Purdy

20. FILED 6-13 1934 Mattie Blauenship Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1934 to June 12, 1934  
I last saw h.i.m. alive on June 12, 1934 Death is said to have occurred on the date stated above, at 9 A.M.  
The principal cause of death and related causes of importance were as follows:

Hemorrhage 6-12-34  
138  
1030

Other contributory causes of importance: Circumcision 6-11-34

Name of operation Circumcision Date of 6-11-34  
What test confirmed diagnosis? Physioid 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Dr. P. B. Wheaton, M. D.  
(Address) Wheaton Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Barry  
Township .....  
City (No. ....) St. .... Ward)

Registration District No. 31  
Primary Registration District No. 5042a

File No. ....  
Registered No. 15

**2. FULL NAME**

Donald Lee Schrad

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
2 14

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19 Martin Blankenship Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1934

22. I HEREBY CERTIFY, that I attended deceased from ..... to ..... 19.....  
I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

*Heart failure*  
*13.8*  
Other contributory causes of importance:  
*hypertension*  
*(not ritual)*

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) ..... , M. D.  
(Address) .....

**SUPPLEMENTARY**

N. B.—Every item of information should be carefully scrutinized and be stated exactly as given. Every item of information should be carefully scrutinized and be stated exactly as given.

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