

SEP 11 1934

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
Township State Park Primary Registration District No. 4.0.0.1
City Braylton (No. _____) _____ St. _____ Ward _____

File No. 23028
Registered No. 154

2. FULL NAME

(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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Etta Schoene</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 12 - 1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>5</u>
	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telephone</u>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	13. NAME <u>Chas. Schoene</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Elizabeth Cook</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	17. INFORMANT <u>Mrs Etta Schoene</u> (ADDRESS) <u>Braylton, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Braylton</u> DATE <u>7/26</u> 19 <u>34</u>		
19. UNDERTAKER <u>F. R. Easley</u> (ADDRESS) <u>Braylton, Mo.</u>		
20. FILED <u>Aug. 16 1934</u> <u>Spencer Freeman</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th, 1934.

22. I HEREBY CERTIFY That I attended deceased from Jan, 1933, to July 23, 1934.
I last saw him alive on July 23, 1934. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:
Valvular heart disease
92A
141
191
Other contributory causes of importance:
Excessive heat

Name of operation none Date of 5
What test confirmed diagnosis? _____ 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) W. M. H. [unclear], M. D.
(Address) Braylton, Mo.

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.

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22
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