

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

Do not use this space.

38211

NOV 13 1934

1. PLACE OF DEATH

County Scott Registration District No. 959
Township Scott Primary Registration District No. 6063 a
City New Hamburg (No. 1) St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME

Bernitta L. Schott
(a) Residence, No. New Hamburg St. _____ Ward. New Hamburg, Mo.
(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 (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Shelley Schott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10-1906</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>2</u>	DAY <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>Housewife</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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jellmo, Mo

13. NAME Herman Glueck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg Mo

15. MAIDEN NAME Mary Scherer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg Mo

17. INFORMANT (ADDRESS) Phillip J. Schott

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hamburg Mo DATE Oct 25 1934

19. UNDERTAKER (ADDRESS) Walther's Und. Co

20. FILED Oct 24 1934 Cyrill Simbürger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/22 1934
22. I HEREBY CERTIFY, That I attended deceased from 9/15 1934 to 10/22 1934
I last saw ER alive on 10/12 1934. Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Other contributory causes of importance: J J
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Al Smith M. D.
(Address) Hope Pasadena 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.

