AUG 23 1935

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

Do not use this space.

39816-2

File No.

Registered No. 90

1. PLACE OF DEATH
County Jefferson
Township ~~Valley~~
City De Soto (No. , St. Ward)
Registration District No. 420
Primary Registration District No. 3022

2. FULL NAME Anna M. C. Schneider
(a) Residence, No. 800 N. Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. C. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 - 1880

7. AGE YEARS 5B 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. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
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) Kinsunick Mo.

FATHER
13. NAME John Schneider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Koenig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Antonio Mo.

17. INFORMANT (ADDRESS) Neil Schneider

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 11-5 1934

19. UNDERTAKER (ADDRESS) Motherhead

20. FILED 11/4/34, 19 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 - , 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1934 to 11/3, 1934
I last saw her alive on 11/2, 1934 Death is said to have occurred on the date stated above, at 1:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Nov 1932
131	
30/31	

Other contributory causes of importance:

Myocarditis	?

Name of operation Date of
What test confirmed diagnosis? Lab 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) Chas E Fallet M. D.
(Address) De Soto 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.