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.

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

Do not use this space.

JAN 9 1935

1. PLACE OF DEATH
County Perry
Township ~~Central~~
City Perryville
Registration District No. 660
Primary Registration District No. 4396
File No. 43927
Registered No. 75
(No. ..... St. ..... Ward)

2. FULL NAME Mary Gertrude Schindler
(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 Female
4. COLOR OR RACE White
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) Dec. 8, 1904
7. AGE YEARS 30 MONTHS 0 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctors' office
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) Perry Co. Mo.

FATHER
13. NAME Barney Schindler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

MOTHER
15. MAIDEN NAME Elinore Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Elinore Schindler Perryville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope DATE Dec. 29 1934
19. UNDERTAKER (ADDRESS) Bey Undertaking Co. Perryville Mo.
20. FILED Dec 29 1934 Ed L. Brewer Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 20, 1921, to Dec 28, 1934
I last saw her alive on Dec 28th, 1934. Death is said to have occurred on the date stated above, at 6.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Congenital	93
Other contributory causes of importance:	
Acute Passive congestion of Lungs and Kidneys	Sept 30 1934

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? No
If so, specify .....
(Signed) E. Gahan, M. D.
(Address) Perryville Mo.