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.

FEB 18 1935

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

Do not use this space.

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**1. PLACE OF DEATH**

County Benton — Registration District No. 59 — File No.

Township Williams — Primary Registration District No. 4034 — Registered No. 4

City Cole Camp (No. , St. Ward)

**2. FULL NAME** Mrs Frieda Riecke V. Schenewark

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Schenewark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28th 1866

7. AGE 68 YEARS 0 | 6 MONTHS | 20 DAYS | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Lincoln Missouri

FATHER

13. NAME Jacob Wenig

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

MOTHER

15. MAIDEN NAME Anna Kerkoff

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

17. INFORMANT (ADDRESS) Wm Schenewark Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tr. Lutheran Cem. DATE Jan 20th 1935

19. UNDERTAKER (ADDRESS) E L Eickhoff Cole Camp Mo

20. FILED Jan 19 1935 Sue Selover Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-13- 1935 to 1-18- 1935

I last saw her alive on 1-18- 1935 Death is said to have occurred on the date stated above, at 430 P m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

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Other contributory causes of importance: Bronchial Asthma

Date of onset

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) B. L. Reser, M. D.

(Address) Cole Camp Mo