

SEP 18 1935

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

Do not use this space.

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25819

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township WINDY GILBERT Primary Registration District No. 5178
City Diversin Channel, Highway 23.5 (No. 232 Ward)

2. FULL NAME

Martin H. Schwab
(a) Residence, No. 36 N. Ellis 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Marie Schwab
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 7 5

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

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) Gordonville
(STATE OR COUNTRY) Missouri

13. NAME Jacob Schwab

14. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Emma Senere

16. BIRTHPLACE (CITY OR TOWN) Gordonville
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Marie Schwab
(ADDRESS) Cape Girardeau, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE August 27, 1935

19. UNDERTAKER Devers & Estes
(ADDRESS) Cape Girardeau, Mo

20. FILED 8/18 1935 J. M. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at 4:30 p.m.

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

Accidental Drowning in
Little Diversin Channel.
2 miles south of Dutchtown Mo;

Date of onset

Other contributory causes of importance:

None

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? Accident Date of injury 8-18-1935

Where did injury occur? Diversin Channel.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place.

Manner of injury..... Drowning.

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. A. Moore Coroner W/

(Address) 180a N. Sprigg St. Cape Gir., Mo

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
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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township _____ Primary Registration District No. 5128
City Cape G (No. _____) St. _____ (Ward _____)

File No. 25819-
Registered No. 232-

2. FULL NAME

Martin H. Schwalb

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS Days 34 LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. _____

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 4-16-36 J. M. Simpson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 - 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Accidental Drowning
No boat involved
Champs

Date of onset _____

Other contributory causes of importance: _____

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? _____

If so, specify _____

(Signed) J. A. Moore Coroner, M. D.

(Address) Cape Girardeau Mo

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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