

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.

DEC 13 1935

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

Do not use this space.

35031

1. PLACE OF DEATH

County Andrew Registration District No. 10  
Township Monroe Primary Registration District No. 3013  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 6

2. FULL NAME

Elisa Schenk  
(a) Residence, No. Coaly Mo. R.P.D. 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Schenk.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 - 1862  
7. AGE YEARS 73 MONTHS 2 DAYS 14 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) Switzerland

MOTHER FATHER  
13. NAME Fred Ludie

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Otto Schenk Coaly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 11 - 16 1935

19. UNDERTAKER (ADDRESS) E. C. Breit Savannah Mo

20. FILED 11 - 18 1935 J. H. Bledsoe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 13 1935

22. I HEREBY CERTIFY, That I attended deceased from 11 - 11 1935 to 11 - 13 1935  
I last saw him alive on 11 - 12 1935. Death is said to have occurred on the date stated above, at 3: a. m.  
The principal cause of death and related causes of importance were as follows:

arteriosclerosis

Other contributory causes of importance:

*AM*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? no  
If so, specify \_\_\_\_\_  
(Signed) E. M. Reynolds, M. D.  
(Address) Union Star Mo

