N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible]
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 21 1936

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

Do not use this space.

1. PLACE OF DEATH
County Franklin. Registration District No. 297 File No. 30509
Township Primary Registration District No. 3016. Registered No. 82
City Washington, (No. , St. Ward)

2. FULL NAME Edward Schreiber.
(a) Residence, No. Labadie Bottoms, Labadie, Mo. Ward. Labadie Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred X yrs. X mos. 2 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): Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 25th, 1905.
7. AGE: YEARS 30 MONTHS 11 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union, Missouri.

FATHER
13. NAME: Edward H. Schreiber.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union, Missouri.

MOTHER
15. MAIDEN NAME: Anna Kruel,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union, Missouri.

17. INFORMANT (ADDRESS): Edward H. Schreiber. Labadie, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mantel's Cemetery, near Union, Mo. DATE: 8/21/36. 19
19. UNDERTAKER (ADDRESS): Nieburg and Vitt, Inc., Washington, Mo.
20. FILED: Aug. 20, 1936 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 19th, 1936.
22. I HEREBY CERTIFY, That I attended deceased from 8/17, 1936, to 8/19, 1936
I last saw him alive on 8/19/, 1936 Death is said to have occurred on the date stated above, at 7 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat exhaustion	
191	

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. P. Poss, M. D.
(Address) 421 W. Third St. Washington, Missouri