

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

Do not use this space.

1331

1. PLACE OF DEATH  
 County Franklin Registration District No. 399  
 Township Franklin Primary Registration District No. 1002  
 City Kennett (No. 7 C Gen Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fred W Schwartz  
 (a) Residence, No. 200 W 74th Terrace Ward. 1  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 122  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1937 to 1-7, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-22-1864

I last saw him alive on 1-7, 1937 Death is said to have occurred on the date stated above, at 2:40 PM

7. AGE YEARS 72 MONTHS 8 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

My peritomy and Date of onset \_\_\_\_\_  
Obstruction of Heart  
Generalized Edema  
and ascites  
Hydrothorax (cardiac)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 21

Other contributory causes of importance: \_\_\_\_\_

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

13. NAME Fred Schwartz

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

15. MAIDEN NAME Mary Yung

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Reverend Frank

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Burial DATE 1/10/37

Character of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Werk of John Co  
20 N Kenwood

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

If so, specify \_\_\_\_\_

20. FILED 1-8 1937 M. M. Crowe Registrar.

(Signed) C. J. De Maria, M. D.

(Address) St. C Gen Hosp

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

