

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

Do not use this space.

2112

JAN 20 1937

**1. PLACE OF DEATH**

County.....Livingston..... Registration District No. ....508..... File No. ....  
Township.....Jackson..... Primary Registration District No. ....5675..... Registered No. ....  
City..... (No. ....)..... St. .... Ward)

**2. FULL NAME** John Ezra Schwab

(a) Residence, No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
(Usual place of abode)  
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 (OR) WIFE OF Mable May Schwab

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 23, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
50 11 15

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.

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

12. BIRTHPLACE (CITY OR TOWN) Livingston County  
(STATE OR COUNTRY) Missouri

13. NAME John Schwab

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

15. MAIDEN NAME Mary Volk

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

17. INFORMANT Mable May Schwab  
(ADDRESS) Chillicothe, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE Jan. 11 1937

19. UNDERTAKER F. B. Norman  
(ADDRESS) Chillicothe, Missouri

20. FILED Jan 9 1937 Donald H. Howell  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 - 37

22. I HEREBY CERTIFY That I attended deceased from Oct 16 to Jan 8 - 37

I last saw him alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Lesions of right lung.

Other contributory causes of importance: Lesions of tibia primary

Name of operation..... Date of.....

What test confirmed diagnosis? Asy 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) R. B. Norman, M. D.

(Address) Chillicothe, 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.

