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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3
1

1. PLACE OF DEATH
County COLE — Registration District No. 213 — File No. 2497
Township — Primary Registration District No. 3014 — Registered No. 15
City JEFFERSON CITY (No. Missouri State Prison St. Ward)

2. FULL NAME FRED SCHEFFER - #48393 160
(a) Residence, No. MISSOURI STATE PRISON 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): Single[illegible]n
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [illegible]
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1901
7. AGE: YEARS 36 — MONTHS 6 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ohie

FATHER
13. NAME Freeland Scheffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster, Ohio

MOTHER
15. MAIDEN NAME Lilly Carl[illegible]n
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Glen Scheffer, Detroit, Mich.
18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ PLACE Kansas City, Mo DATE Jan. 14, 1938
19. UNDERTAKER (ADDRESS) Hienricks Undertaking Co., Jefferson City, Mo.
20. FILED 1/13/ 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1938
22. I HEREBY CERTIFY, That I attended deceased from January 9, 1938 to January 12, 1938
I last saw him alive on January 12, 1938 Death is said to have occurred on the date stated above, at 12:30 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	

Other contributory causes of importance:

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MO. STATE BOARD OF HEALTH

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) William Ford, M. D.
(Address) W. W. RAMBO, M. D. Prison Physician
acting