

REC'D MAY 13 1938

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

Do not use this space.

1. PLACE OF DEATH  
County Adair Registration District No. 4  
Township \_\_\_\_\_ Primary Registration District No. 3001  
City Kirksville (No. Green Smith Hospital) Registered No. 13890  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Walter Evans Schoene  
(a) Residence, No. Milan, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 1 ds. 5 How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Gladys Schoene</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 9, 1887</b>		
7. AGE YEARS <b>50</b>	MONTHS <b>9</b>	DAYS <b>25</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Pharmacist</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Druggist</b>		
10. Date deceased last worked at this occupation (month and year) <b>May 2, 1938</b>		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Milan MO</b>		
13. NAME <b>Charles A. Schoene</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Lee County Iowa</b>		
15. MAIDEN NAME <b>Harriet D. Ingersol</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Lee County Iowa</b>		
17. INFORMANT <b>Dwight Schoene</b> (ADDRESS) <b>Milan, Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Oakwood, Milan</b> DATE <b>May 6, 1938</b>		
19. UNDERTAKER <b>Davis Funeral Home</b> (ADDRESS) <b>Kirksville, Mo.</b>		
20. FILED <b>May 4, 1938</b> <b>Spencer L. Freeman</b> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 2, 1938**, to **May 3, 1938**.  
I last saw him live on **May 3, 1938**. Death is said to have occurred on the date stated above, at **8:00 p.m.**  
The principal cause of death and related causes of importance were as follows:  
**Fracture of Cervical vertebrae**  
Date of onset **5-2-38**

Other contributory causes of importance: **2 lb**

Name of operation **none** Date of \_\_\_\_\_  
What test confirmed diagnosis? **X-ray** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **yes** Date of injury **5-2-1938**  
Where did injury occur? **near Natchez, Fulton Co. Mo.**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
**on highway**  
Manner of injury **automobile accident**  
Nature of injury **fracture neck**

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify \_\_\_\_\_  
(Signed) **W. B. ...** M. D.  
(Address) **Kirksville, Mo.**

210.  
98

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

13890  
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4  
(b) Township..... Primary Registration District No. 3001 Registered No.....  
(c) City Harrisonville (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Evans Schoene

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 9 25

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

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

fracture 7th cervical vertebra Date of onset

Other contributory causes of importance:

non collision  
turned over in  
loose gravel

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) A. B. Cramble, M. D.

(Address) Harrisonville mo

13890