

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

Do not use this space.

16465

1. PLACE OF DEATH
 49 County Jasper Registration District No. 408
 Township Madison Primary Registration District No. 35-04
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Hugh Schell
 (a) Residence, No. Carthage mo R#8 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 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 Belle Woodard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16-1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 10 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
 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) St. Donald, Mo.
 (STATE OR COUNTRY)

FATHER
 13. NAME Phillip Schell

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

MOTHER
 15. MAIDEN NAME Jane Bear

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

17. INFORMANT Mrs. Hugh Schell
 (ADDRESS) R#8 Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Foster Cemetery DATE 5-8-1932

19. UNDERTAKER Wm. W. W. W.
 (ADDRESS) Carthage Mo.

20. FILED 5-8-1932 E. H. W. W.
 Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7 1932 to May 7 1932
 I last saw alive on May 7 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Progressive muscular atrophy
81A
 Other contributory causes of importance: _____
 Date of onset 1929

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 of injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Wm. W. W. M. D.
 (Address) Carthage, Jasper Co.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 25 1932

C. 2/21