

AUG 19 1935

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

Do not use this space.

23814

## 1. PLACE OF DEATH

County Montealegre  
Township Walker  
City California (No. ....)

Registration District No. 071  
Primary Registration District No. 4335

File No. ....  
Registered No. 43  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. .... 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 20, 1851</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>4</u>
	DAYS <u>28</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) (STATE OR COUNTRY)	<u>Switzerland</u>	
FATHER	13. NAME <u>John Schlip</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
MOTHER	15. MAIDEN NAME <u>Anna Grebe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT (ADDRESS) <u>Chas. Schlip, California, Mo., R.F.D.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	

19. UNDERTAKER (ADDRESS) J. W. Wilson & Son, California, Mo.

20. FILED 7-19-1935 H. P. Papejoe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1935, to July 18, 1935  
I last saw him alive on July 18, 1935 Death is said to have occurred on the date stated above, at 2:45 A.M.

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

Chronic Myocarditis Date of onset

Other contributor causes of importance

Arteriosclerosis  
Bronchial AsthmaName 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) H. P. Papejoe, M.D.  
(Address) California, 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.

