

DEC 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township Linn
City (No. _____) _____

Registration District No. 574
Primary Registration District No. 4338
5772A

File No. 41912
Registered No. _____
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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 0 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Missouri

13. NAME Peter Joseph Felder

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

15. MAIDEN NAME Kathleen Miller

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

17. INFORMANT (ADDRESS) F. P. Scheidt

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedron Cem DATE 12 - 7 1937

19. UNDERTAKER (ADDRESS) Calbert Hornbeak
Marie Home

20. FILED Dec 8 1937 Mrs Abbie Bical Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3 193722. I HEREBY CERTIFY, That I attended deceased from 12-4 1937 to 12-5 1937I last saw him alive on 12-5 1937 Death is saidto have occurred on the date stated above, at 7 P m.

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

Influenza Date of onset 11/28
1/13

Other contributory causes of importance:

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 _____, 1937

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 Flu
(Signed) F. P. Scheidt, M. D.

(Address) Frank Hornbeak

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.

