

MAY 19 1936

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

Do not use this space.

14618

1. PLACE OF DEATH

County COOPERRegistration District No. 218

File No. _____

Township _____

Primary Registration District No. 3015Registered No. 53City BOONVILLE(No. St. Joseph Hospital)

St. _____ Ward _____

2. FULL NAME Rosa Scheidt(a) Residence, No. _____ St. _____ Ward. Jamestown Mo.
(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. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Joe P. Scheidt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 8th 1877</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>6</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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>Moniteau Co. Mo.</u>		
MOTHER	13. NAME <u>Jacob Baker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Eva Hoer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Eva Walter Scheidt</u> (ADDRESS) <u>Jamestown Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedron Cem.</u> DATE <u>4-24-36</u>		
19. UNDERTAKER <u>C. Albert Hornbeck</u> (ADDRESS) <u>Grassie Home Mo.</u>		
20. FILED <u>April 23 1936</u> <u>DeHooper</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-36

22. I HEREBY CERTIFY, That I attended deceased from Mon 29, 1936 April - 23, 1936

I last saw her alive on April 22, 1936 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:
Pneumonia Labor Date of onset 4/18/36
Uncompensated
Other contributory causes of importance: Influenza W 3/28/36

Name of operation Drainage Pleura Date of 4/19/36
What test confirmed diagnosis? _____ Was there an autopsy? N.D.

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? N.D.
If so, specify _____
(Signed) A. W. Meredith M. D.
(Address) Grassie Home 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.

