

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

Do not use this space.

22359

1. PLACE OF DEATH

27

County Crocker
Township Prairie Home
City Frank Schauf (No. _____) St. _____ Ward _____

Registration District No. 224
Primary Registration District No. 5303

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME

Frank Schauf

(a) Residence. No. Frank Schauf 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. 3 mos. 6 ds. 24 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>30</u>	<u>6</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm Hand
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Charles Schauf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Elizabeth Heminden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT

John Schauf
(Address) Prairie Home, Mo

15. FILED

7-4-30 A H Mundeth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-3-30

17. I HEREBY CERTIFY, That I attended deceased from 6-1-30, 1930, to 7-3-30, 1930, that I last saw him alive on 7-3-30, 1930, and that death occurred, on the date stated above, at 9:00 m.

11A THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A Empty stomach
110A 12 3
23A 12 1

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Lung
(duration) _____ yrs. _____ mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A H Mundeth M. D.

74 . 1930 (Address) Prairie Home Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Moniteau Ev. Cem.

7-5-30

20. UNDERTAKER

ADDRESS

C. Albert Hornbeck Prairie 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.

