

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

Do not use this space.

2557

1. PLACE OF DEATH

County Monterey
Township Salinas
City California

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 1
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 8 11 15

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ind
(STATE OR COUNTRY)

10. NAME OF FATHER Andrew Schaefer

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

12. MAIDEN NAME OF MOTHER Mary Hofer

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

14. INFORMANT George Strickfaden
(Address) California Mo

15. FILED Jan 5 1929 John Keth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1929, 1929, to Jan 4, 1929, and that I last saw him alive on Jan 4, 1929, and that death occurred, on the date stated above, at 6:45 PM

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tuberc Pneumonix
108

18. Senility (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____

18. WHERE WAS DISEASE CONTRACTED At place of death
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no
WHAT FIRST CONFIRMED DIAGNOSIS? Clinical symptoms
of tuberc. suppurative, M. D. _____
Jan 5, 1929 (Address) California 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 Strickfaden Cem DATE OF BURIAL 1/7 1929

20. UNDERTAKER Welleaco & Trucking 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.

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