

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

Do not use this space.

125309

1. PLACE OF DEATH
 98 County Schuyler Registration District No. 805
 4 Township Liberty Primary Registration District No. 4484
 2. City Lancaster mo No. _____ St. _____ Ward _____

2. FULL NAME Daniel Schaper
 (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 40 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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 7 - 1857</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>6</u>
		DAYS
		<u>12</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>farming</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>Germany</u>	
FATHER	13. NAME <u>Leonard Schaper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Frank Schaper</u> (ADDRESS) <u>Lancaster mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Germany cemetery</u> DATE <u>Oct 21 1933</u>		
19. UNDERTAKER <u>Wm M West</u> (ADDRESS) <u>Lancaster mo</u>		
20. FILED <u>Oct 19 1933</u> <u>W. Schaper</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30 1931 to Oct 19 1933
 I last saw him alive on Oct 19 1933 Death is said to have occurred on the date stated above, at 12:20 AM.
 The principal cause of death and related causes of importance were as follows:
Chronic Glomerular Nephritis Date of onset August 30 1933
131
137
133 13 | 30
 Other contributory causes of importance:
Infection of the prostate and bladder

Name of operation _____ Date of _____
 What test confirmed diagnosis? urinalysis Was there an autopsy? no

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. home
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. E. Hillman, M. D.
 (Address) Lancaster mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 20 1933

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