

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

Do not use this space.

35697

1. PLACE OF DEATH

County Stoddard Registration District No. 838 File No. _____
 Township Liberty Primary Registration District No. 00988 Registered No. 114
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Raymond Earnest Schantz
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct - 30 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Dexter
 (STATE OR COUNTRY) mo.

PARENTS

10. NAME OF FATHER George Schantz
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Bertha Burt
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (?)
 (STATE OR COUNTRY) Indiana

14. INFORMANT George Schantz
 (Address) Dexter mo

15. FILED 11/12/1927 F. Haber
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-12-1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 9 - 1927, to Nov 12 - 1927 (that I last saw him alive on Nov 11 - 1927, and that death occurred, on the date stated above, at 12:30 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
(double)

CONTRIBUTORY (SECONDARY) 10-10
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) F. Haber, M. D.

, 19 (Address) Dexter 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 Howdy Gravel DATE OF BURIAL 11-12-1927

20. UNDERTAKER C O Biggs ADDRESS Dexter mo

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.

1928

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