MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

14002

1. PLACE OF DEATH
County Macon — Registration District No. 532 — File No.
Township — Primary Registration District No. 4318 — Registered No. 13
City La Plata (No. ... St. ... Ward)

2. FULL NAME John M. Shulze
(a) Residence. No. ... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 1890
7. AGE: 38 YEARS — MONTHS: 3 — DAYS: 5 — If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Labor
(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): Novinger Mo

PARENTS
10. NAME OF FATHER: J W Shulze
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No Ill
12. MAIDEN NAME OF MOTHER: Mary E Ramwalter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT (Address): B R Shulze
15. FILED 4/27, 1928 — C H Buckley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26, 1928
17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1928, to Apr 26, 1928 that I last saw him alive on Apr 26, 1928, and that death occurred, on the date stated above, at 12 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Influenzal Broncho Pneumonia
107A
85 (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY): Epilepsy many years. (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at Place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? none
4/27/28 (Signed) H.O. Newton, M. D
(Address) La Plata 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: Mulberry Cemetary — DATE OF BURIAL: April 27 1928
20. UNDERTAKER: D S Christie — ADDRESS: La Plata Mo