

13eckmeyer
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14331

1. PLACE OF DEATHCounty PetisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia (No.)

File No.

Registered No. 136

St. Ward)

2. FULL NAME Anthony Schotte(a) Residence No. 506 E. 10th 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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)** April 7-1893**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hr. or min.

55-8**8. OCCUPATION OF DECEASED**(a) Trade, profession, or particular kind of work cook(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY) St Louis, Mo.**10. NAME OF FATHER** Wm A Schotte**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**(STATE OR COUNTRY) Germany**12. MAIDEN NAME OF MOTHER** Marie Keller**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**(STATE OR COUNTRY) Germany**14. INFORMANT** Joseph Schotte(Address) St Louis, Mo**15. FILED** 4-16-28

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J. J. Love
REGISTRAR**2 MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)** April 15 1928**17.**I HEREBY CERTIFY, That I attended deceased from April 15 1928that I last saw him alive on April 15 1928, and that death occurred, on the date stated above, at 12:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

13 pneumonia
102/290
(duration) 3 yrs. mos. da.**CONTRIBUTORY (SECONDARY)** Infectious(duration) 0 yrs. mos. da.**18. WHERE WAS DISEASE CONTRACTED**IF NOT AT PLACE OF DEATH? XDID AN OPERATION PRECEDE DEATH? no DATE OF XWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? no(Signed) J. J. Love, M. D., 19 (Address) Sedalia, 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**New Franklin Mo April 6 1928**20. UNDERTAKER****ADDRESS**Mc Laughlin Bros Sedalia, Mo

