

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

Do not use this space.

16708

File No. 1
 Registered No. 17
 St. _____ Ward _____

1. PLACE OF DEATH

County Franklin Registration District No. 295
 Township Boone (South) Primary Registration District No. 54150
 City _____ (No. _____)

2. FULL NAME

William Henry Schulte

(a) Residence. No. _____ 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Mrs Minnie Schulte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 17

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired
 (c) Name of employer _____

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

10. NAME OF FATHER Casper Schulte

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

12. MAIDEN NAME OF MOTHER Mal Knauer

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

14. INFORMANT Mrs Minnie Schulte (Address) Strain Mo.

15. FILED 5-16-28 Just Dmigan REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-18-1928

17. I HEREBY CERTIFY, That I attended deceased from 5-15-1928 to 5-15-1928 that I last saw him alive on 5-15-1928, and that death occurred, on the date stated above, at 7:30 P.M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterial Sclerosis

CONTRIBUTORY (SECONDARY) Old age

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Edwin Mellies, M. D.

5-16-1928 (Address) Owensville 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 Strain Cemetery DATE OF BURIAL May 17 1928

20. UNDERTAKER Lane & Hahn ADDRESS Serald, Mo.

COPY OF DEATH IN MAIN FORMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

PARENTS

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