JL 24 1928

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

Do not use this space.

File No. 20054

Registered No. 116

1. PLACE OF DEATH

County: Callaway — Registration District No. 104

Township: Fulton — Primary Registration District No. 3008

City: (No. ... St. ... Ward)

2. FULL NAME: Ida F. Schulte

(a) Residence. No. Randolph Cr. St., ... Ward. State Hospital No 1
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE: Years 52 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(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): DK

PARENTS

10. NAME OF FATHER: DK

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

12. MAIDEN NAME OF MOTHER: DK

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

14. INFORMANT: Secretary State Hospital No 1
(Address): Fulton Mo

15. FILED 6-2-1928 R. N. Crews
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to June 2, 1928, that I last saw h. alive on June 1, 1928, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pneumonia Left Lobe
Pneumonia Interlobar IIE
130
(duration) yrs. / mos. 8d ds.

CONTRIBUTORY (SECONDARY) Diphtheria, Alcoholic Hepatitis
(duration) — yrs. / mos. — ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) D. H. Young, M. D.

, 19 Address State Hospital No 1

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, CAUSES stating (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Keetsville Mo.

DATE OF BURIAL: 6/4 1928

20. UNDERTAKER: Herndon Taylor

ADDRESS: Fulton Mo