

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.

30989

1. PLACE OF DEATH

County Lewis

Registration District No. 477

Township Canton

Primary Registration District No. 5641

City Canton

(No.)

File No.

Registered No. 45

St. Ward

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

white

Married

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

Edith Schlager

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

Aug. 25, 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

40

1

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Farmer 184

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Lewis County

Missouri

10. NAME OF FATHER

George Batschelt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Lewis County

Missouri

12. MAIDEN NAME OF MOTHER

Josephine (containing)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Canton

Missouri

14.

INFORMANT

(Address)

Geo Batschelt

Canton, Mo.

15.

FILED 9.28.19.28

H. W. Harris

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept. 27, 1928

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

that I last saw him alive on 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

By the accidental discharge of a shotgun

CONTRIBUTORY (SECONDARY)

183

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carl H. Buckley M.D.

9.28.1928 (Address) Canton, 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

Forest Grove Cemetery Sept. 30, 1928

20. UNDERTAKER

ADDRESS

Carl H. Buckley Canton

JUL 1 1947