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

Do not use this space.

1716

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas city (No. General Hospital St. Ward)

File No. [illegible]
Registered No. [illegible]

2. FULL NAME Schuler Charles
(a) Residence. No. 8418 Jas. ave. St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	white	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 21-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	1	28	

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

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

PARENTS
10. NAME OF FATHER Fred Schuler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Record Clerk
(Address) K. C. General Hosp.

15. FILED 1-21-1929 M. M. Cravens Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-19 1929

17. I HEREBY CERTIFY, That I attended deceased from him 1-18, 1929, to 1-19, 1929, that I last saw him alive on 1-19, 1929, and that death occurred, on the date stated above, at 6:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcic Septicemia
36 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Infection Rt. hand
Cause of Infection unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. C. Williams, M. D
1/19, 1929 (Address) K. C. General Hospital

*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
St Marys Cem	Jan 22 1929
20. UNDERTAKER	ADDRESS
John W Wagner	1609 Grand Ave

R. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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