

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

Do not use this space.

13944

PLACE OF DEATH
 County, Rushman Registration District No. 85
 Townshp. St. Joseph Primary Registration District No. 1001
 City, St. Joseph No. State Hospital #2 St. Utica (Ward)

2. FULL NAME Way Schurizer

(a) Residence. No. Utica, Missouri St. Utica, Missouri Ward. Utica, Missouri
 (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 7. 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) May 27, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
41 7 10 22 2 18

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

9. BIRTHPLACE (CITY OR TOWN) Utica (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Abraham Schurizer

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

12. MAIDEN NAME OF MOTHER Rosa Holzman

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

14. INFORMANT Hosp. records #2 (Address) St. Joseph - Mo.

15. FILED 4/22, 1929 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 18th 1929, to Apr. 17th 1929, (that I last saw him alive on Apr. 17th 1929, and that death occurred, on the date stated above, at 9:10 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epilepsy
85 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 18 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 0

DID AN OPERATION PRECEDE DEATH? No DATE OF 7/29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Ch. T. Every, M. D.
4/19, 1929 State Hosp. No 2

*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 Utica, Missouri DATE OF BURIAL April 21, 1929

20. UNDERTAKER Sleeman Funeral Home ADDRESS 1208 Francis

COPY TO FILE, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

11
 24
 1
 26
 10

