

27 1929

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

Do not use this space.

1. PLACE OF DEATH

County Reynolds
Township Jackson
City Jackson (No. _____) St. _____ Ward _____

Registration District No. 74 B
Primary Registration District No. 5987

File No. 15710
Registered No. 8

2. FULL NAME

Elma E. Luanda Shultz

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl 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) 11 6

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 11 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jackson Twp.
(STATE OR COUNTRY) Reynolds Co. Mo.

10. NAME OF FATHER Thurman Shultz

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

12. MAIDEN NAME OF MOTHER Santhuff

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

14. INFORMANT Boney Santhuff
(Address) Ellington, Mo

15. FILED 5-20, 19 29 A. G. Adams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 19 29
17. HEREBY CERTIFY That I attended deceased from April 29, 1929, to April 30, 1929 that I last saw her alive on April 30, 1929, and that death occurred, on the date stated above, at 11:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
(1000) 10 19 29
(duration) yrs. mos. ds. 5
CONTRIBUTORY Edema of lungs
(SECONDARY) (duration) yrs. mos. ds. 2

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

8 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY: _____

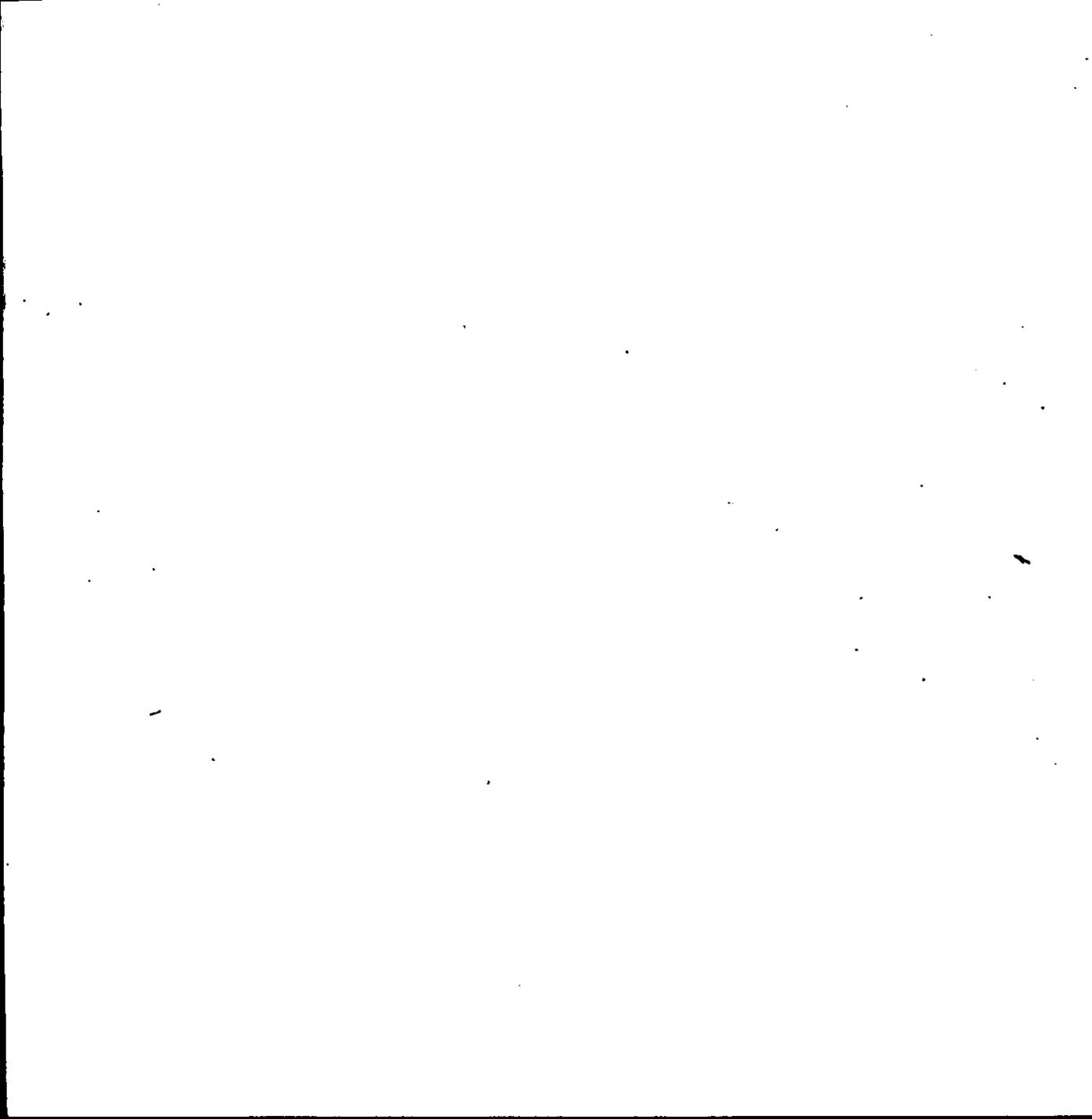
WHAT TEST CONFIRMED DIAGNOSIS:
(Signed) A. F. BIGG, M. D.

4/30, 19 29 (Address) Ellington, 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 _____

20. UNDERTAKER _____ ADDRESS _____



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Reynolds Registration District No. 746 File No. _____
Township Jackson Primary Registration District No. 3981 Registered No. 8
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Elma Elwanda Shultz
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 04 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jackson tp. Reynolds Co. Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Thurman Shultz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Sauthess
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Boney Sauthess
(Address) Ellington Mo

15. FILED 7/10 1929 Drey Bowles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 30 1929

17. HEREBY CERTIFY that I attended deceased from Apr 29 to Apr 30, 1929 that I last saw h. eq. alive on Apr 29, 1929, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Profuse pneumonia
(duration) _____ yrs. _____ mos. 3 ds.
CONTRIBUTORY Edema of lungs
(SECONDARY) (duration) _____ yrs. _____ mos. 2 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) A. F. Buggy, M. D.

4/30 1929 (Address) Ellington, 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 buried in mo DATE OF BURIAL 5-1-1929

20. UNDERTAKER none ADDRESS _____

SUPPLEMENTARY

01651-5