

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

Do not use this space.

30632

**1. PLACE OF DEATH**

County Harrison Registration District No. 348  
Township White Oak Primary Registration District No. JK76  
City..... (No)..... St. .... Ward)

File No. ....  
Registered No. ....

**2. FULL NAME**

Mrs. D. Schultz

(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 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) Apr 4 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
7 | 4 | 27 |    |    |   

**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 .....

9. BIRTHPLACE (CITY OR TOWN) Harrison Co. Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER F. H. Schultz

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

12. MAIDEN NAME OF MOTHER Nelly Schultz

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

14. INFORMANT Olen Schultz  
(Address) New Hampton Mo

15. FILE NO. 200 24 REGISTRAR J. W. Clark

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1929 to Sept 3 1929 that I last saw him alive on Sept 3 1929, and that death occurred, on the date stated above, at 12:22 W m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Uremia

W. G. Noble (duration) yrs. mos. ds. 5

**CONTRIBUTORY (SECONDARY)**

**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) R. L. Nelson, M. D.  
Sept 2, 1929 (Address) New Hampton 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 Foster Cemetery DATE OF BURIAL Sept 4 1929

20. UNDERTAKER W. G. Noble ADDRESS New Hampton Mo

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.

41  
OCT 23 1929

