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

Do not use this space.

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1. PLACE OF DEATH
County: Benton
Township: Williams
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 5-9
Primary Registration District No. 5-094

File No. .....
Registered No. 2

2. FULL NAME: Henry Schutte

(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 87 yrs. 6 mos. 23 ds. How long in U.S., if of foreign birth? 79 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-14-1842

7. AGE 87 YEARS 6 MONTHS 27 DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Benhart Schutte
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Ben Schutte
(Address) Cole Camp Mo

15. FILED 2-1, 1930 Harry Bay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-31-30 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1930, to Jan 31, 1930
that I last saw him alive on Jan 31, 1930, and that
death occurred, on the date stated above, at 11.15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
11 A
1-7 A (duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Harry Bay, M. D
2-1-, 1930 (Address) Cole Camp 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: Mt Hulda
DATE OF BURIAL: 2-3 1930

20. UNDERTAKER: E L Eckhoff
ADDRESS: Cole Camp 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.