

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

Do not use this space.

15336

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township _____

Primary Registration District No. 1001

City St. Joseph, (No. 1201, 5th. Ave.)

File No. _____

Registered No. 553

St. _____ Ward)

2. FULL NAME

Dorthea Schultz

(a) Residence. No. _____ St. _____ Ward. _____

Washington Twp.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. mos. 11 ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 1, 1930 19

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

17. I HEREBY CERTIFY, That I attended deceased from Mich. 9 1930 to May 1 1930 that I last saw her alive on April 28, 1930, and that death occurred, on the date stated above, at 8:10 A.M. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12, 1848

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 6 19

Cerebral hemorrhage
82.A

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

(duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) MIAMI
(duration) _____ yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Nicholas H. Martin

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS St. Joseph

(Signed) _____ M. D.

12. MAIDEN NAME OF MOTHER Margaret C. Harm

5/5, 1930 (Address) 723 N. 7th

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

*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.

14. INFORMANT Mrs. C.W. Liebeig
(Address) 1201 5th. Ave.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery **DATE OF BURIAL** May, 3, 1930

15. FILED 3 1930 John E. St. REGISTRAR

20. UNDERTAKER Walter Meinkoff ADDRESS 1302 Faraon St.

K. E.—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

JUN 24 1930

