

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

Do not use this space.

26918

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City Mo. (No. 1603 Montgall)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 3531  
St. 3531 Ward

**2. FULL NAME**

Otto Schulz  
(a) Residence No. 1603 Montgall St. 11 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathilde Schulz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12 - 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 11 14

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Meat Cutter  
(b) General nature of industry, business, or establishment in which employed (or employer) Olsoners Market  
(c) Name of employer 11<sup>th</sup> & Woodland

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

10. NAME OF FATHER August Schulz

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 Mrs Mathilde Schulz  
(Address) 1603 Montgall

15. FILED 26 19 30 M. M. Cronin  
REGISTRAR

**2) MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26 - 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 2:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
131  
93c  
Chronic Arterial Hypertension  
(SECONDARY)  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS Post mortem  
(Signed) Alfred G. Galt M. D.  
8-26, 1930 (Address) Coroner

\*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 Memorial Park Cem DATE OF BURIAL Aug. 28 1930  
20. UNDERTAKER A. P. Doehler ADDRESS 1415 E 15

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.

