WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 23 1931

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

Do not use this space.

14024

File No.

Registered No. 143

1. PLACE OF DEATH

48 County Jackson Registration District No. 398

5 Township Blue Primary Registration District No. 3019

City Independence (No. St. Ward)

8 2. FULL NAME Henry W. Schulenberg

(a) Residence, No. 711 N Spring St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 2 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie A Schulenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 — 1872

7. AGE: YEARS 59 MONTHS 2 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor. 559

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo. 1

FATHER

13. NAME Henry Schulenberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Armelia Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

17. INFORMANT (ADDRESS) Lillie Schulenberg 711 N Spring

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn DATE April 12, 1931

19. UNDERTAKER (ADDRESS) O H & Mitchell Independence Mo.

20. FILED 4-11, 1931 H Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 5/10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to 4/10, 1931

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Pneumonia hypostatic — Date of onset 4/8-31

108

131 108

Other contributory causes of importance: chron parenchymateous nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J W Geers, M. D.

(Address) Independence Mo