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.

DEC 28 1931

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

Do not use this space.

34174a

1. PLACE OF DEATH
County Franklin Registration District No. 295
Township ~~[illegible]~~ Boon Primary Registration District No. 5415a
City ..... (No. ....., ... St. ..... Ward)

File No. 1
Registered No. 44

2. FULL NAME Elizabeth Schatz
(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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Edward Schatz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15, 1873

7. AGE: 58 YEARS, 2 MONTHS, 10 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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): Franklin Co. Mo.

FATHER
13. NAME: Richard Whalen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

17. INFORMANT (ADDRESS): Richard Schatz, Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE Oct. 28, 1931

19. UNDERTAKER (ADDRESS): J. T. Williams, Sullivan, Mo.

20. FILED 10-26, 1931 Jas P Dunigan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to Oct 25, 1931
I last saw her alive on Oct 24, 1931. Death is said to have occurred on the date stated above, at 11:13 p.m.
The principal cause of death and related causes of importance were as follows:

Cheronic Myocarditis — Date of onset: Not known

93c

Other contributory causes of importance: 93c

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) [signature], M. D.
(Address) Beaufort Mo