

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

Do not use this space.

1695

File No. \_\_\_\_\_  
Registered No. ~~157~~ 3  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
59 County Livingsstone Registration District No. 508  
1 Township \_\_\_\_\_ Primary Registration District No. 3024  
7 City Chillicothe (No. \_\_\_\_\_)  
2. FULL NAME Mary T. Schulte  
(a) Residence. No. 301 - Ninth St. 9 - 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 \_\_\_\_\_ 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry W. Schulte  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11 - 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 - 11 - 29  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(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) St. Louis Mo. 1  
10. NAME OF FATHER Peter Markase  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ire. 15  
12. MAIDEN NAME OF MOTHER Margaret Hurst  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Natches Miss. 2

14. INFORMANT (Address) Mrs. Margaret Lynch  
Moberly, Mo.  
15. FILED Jan 7, 1932 R. S. Barney REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4 - 1932  
17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 1932, to \_\_\_\_\_, 1932 that I last saw her alive on Jan 4 1932 and that death occurred, on the date stated above, at 10:45 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paralytic Egipans  
9715  
(duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms  
(Signed) C. J. Simpson, M. D.  
1/9 1932 (Address) Chillicothe 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 DATE OF BURIAL  
Catholic Cem. 1-7 1932  
20. UNDERTAKER ADDRESS  
James Gordon Chillicothe 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. FEB 24 1932

