

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

Do not use this space.

18439

**1. PLACE OF DEATH**  
 105 County Sullivan Registration District No. 849  
 2 Township Osage Primary Registration District No. 4513  
 3 City Green City (No. ....) St. .... Ward)  
**2. FULL NAME** Mrs. Missie Schooler  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female  
**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** Scott Schooler  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Mar. 30 1867  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65      1      4  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Housewife  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** 2.35  
**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)** Mo. 18  
**13. NAME** Rejus Montgomery  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Don't know 31  
**15. MAIDEN NAME** Reggie  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo. 1  
**17. INFORMANT** Scott Schooler  
 (ADDRESS) Green City Mo  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Park Grove DATE May 7 1932  
**19. UNDERTAKER** Glen E Kent  
 (ADDRESS) Green City, Mo  
**20. FILED** June 7 1932 Miss Hat Lane  
 Registrar.

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 4 1932  
**22. I HEREBY CERTIFY**, That I attended deceased from May 4 1932, to May 4 1932  
 I last saw him alive on May 4 1932 Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Valvular Heart Disease Date of onset  
920  
 Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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?**  
 If so, specify .....  
 (Signed) W. Huntington M.D. M. D.  
 (Address) Green City 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.

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

JUN 27

