

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.

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

Do not use this space.

23017

1. PLACE OF DEATH **Veterans' Administration Hospital**

County **Jackson** Registration District No. **399** File No. **23017**
 Township **Kaw** Primary Registration District No. **1092** Registered No. **23017**
 City **Kansas City, Mo.** (No. **4. S. Veterans Hospital** St. _____ Ward)

2. FULL NAME **SCHULZE, Martin Godfrey** C-2 097 193 WOE
 (a) Residence, No. **Lenora, Kansas** St. **X** Ward. **Pvt. Unassigned**
 (Usual place of abode) **Rt 1** (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 **Mrs. Visa Schulze**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 5, 1895**

7. AGE YEARS **37** MONTHS **6** DAYS **22** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**
 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) **Kansas**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

Hospital Records

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Worton, Kane** DATE **7-27**

19. UNDERTAKER (ADDRESS) **Freeman Mortuary, Kansas City, Mo.**

20. FILED **July 27, 1937** M. J. Crowe Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 27, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **July 25, 1932** to **July 27, 1932**
 I last saw him alive on **July 27, 1932** Death is said to have occurred on the date stated above, at **3:40 A.M.**

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

Endocarditis, Septic Acute Date of onset **Unknown**
Pericarditis with effusion **Unknown**

Other contributory causes of importance:
Nephritis, chr. Parenchymatous, Sub-Acute **Unknown**

Name of operation **None** Date of _____
 What test confirmed diagnosis **Exam & Lab** 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) **E. Chambers, M. D.**
E. Chambers, M. D. Officer in Charge
Adm. Hospital, Kansas City, Mo

