

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

Do not use this space.

31619

1. PLACE OF DEATH

County Camden, Mo
Township Osage
City (No. _____) _____ (No. _____) _____

Registration District No. 117
Primary Registration District No. 3767

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Dr. W. H. Schetz

(a) Residence, No. 55 Jussen Place St. _____ Ward _____ Kansas City, Mo.
(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 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 Carolyn Bryant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>61</u>	<u>8</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 213

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) Oct 28, 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muscatine, Iowa

FATHER 13. NAME Rev. Henry Schetz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 11

MOTHER 15. MAIDEN NAME Mary Funk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Iowa

17. INFORMANT Dr. C. B. Schetz
(ADDRESS) 1516 W. 6th St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Truansburg, Mo DATE Nov 21, 1932

19. UNDERTAKER W. H. Mitchell
(ADDRESS) Truansburg, Mo.

20. FILED Dec 10, 1932 Lizzie Keller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:45 P. M.
The principal cause of death and related causes of importance were as follows:

183
drowning
accidental - found
Other contributory causes of importance: 170
oxygenated food

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 accidental Date of injury Oct 29, 1932
Where did injury occur? The Lake of the Ozarks
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Near Jussen Place in Camden Co. Mo.
Manner of injury deaths by drowning
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Dr. Clarke M. D.
(Address) Dr. Health Com. Montrose

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.

JAN 1933

