

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

Oct - 1932

Do not use this space.

31619-1

**1. PLACE OF DEATH**

County Camden  
Township Osage  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 117  
Primary Registration District No. 5767

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 437 Williams St., Springfield, Ill.  
(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) Married  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul L. James  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 1888  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 44 8 22

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. own home  
10. Date deceased last worked at this occupation (month and year) Oct 1932 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oquirrey Ill

13. NAME Henry Schultz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va Germany

15. MAIDEN NAME Mary Funck

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

17. INFORMANT Edward Schultz (ADDRESS) Del. City, Pa

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE Mar 10 1933

19. UNDERTAKER Ed P. Metcalf (ADDRESS) Springfield, Mo

20. FILED Mar 10 1933 Lizzie Keller Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to Nov, 19\_\_\_\_.

I last saw him alive on Oct 28, 1932. Death is said

to have occurred on the date stated above, at Oct 28 1932

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

Drowning in Date of onset

Lake of Ozarks - near

Zebrun, Mo

Oct 28 - 1932 - in P.M.

Other contributory causes of importance:

Cap sized boat

Name of operation 18 Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 28 1932

Where did injury occur? Lake of Ozarks

Camden Co Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

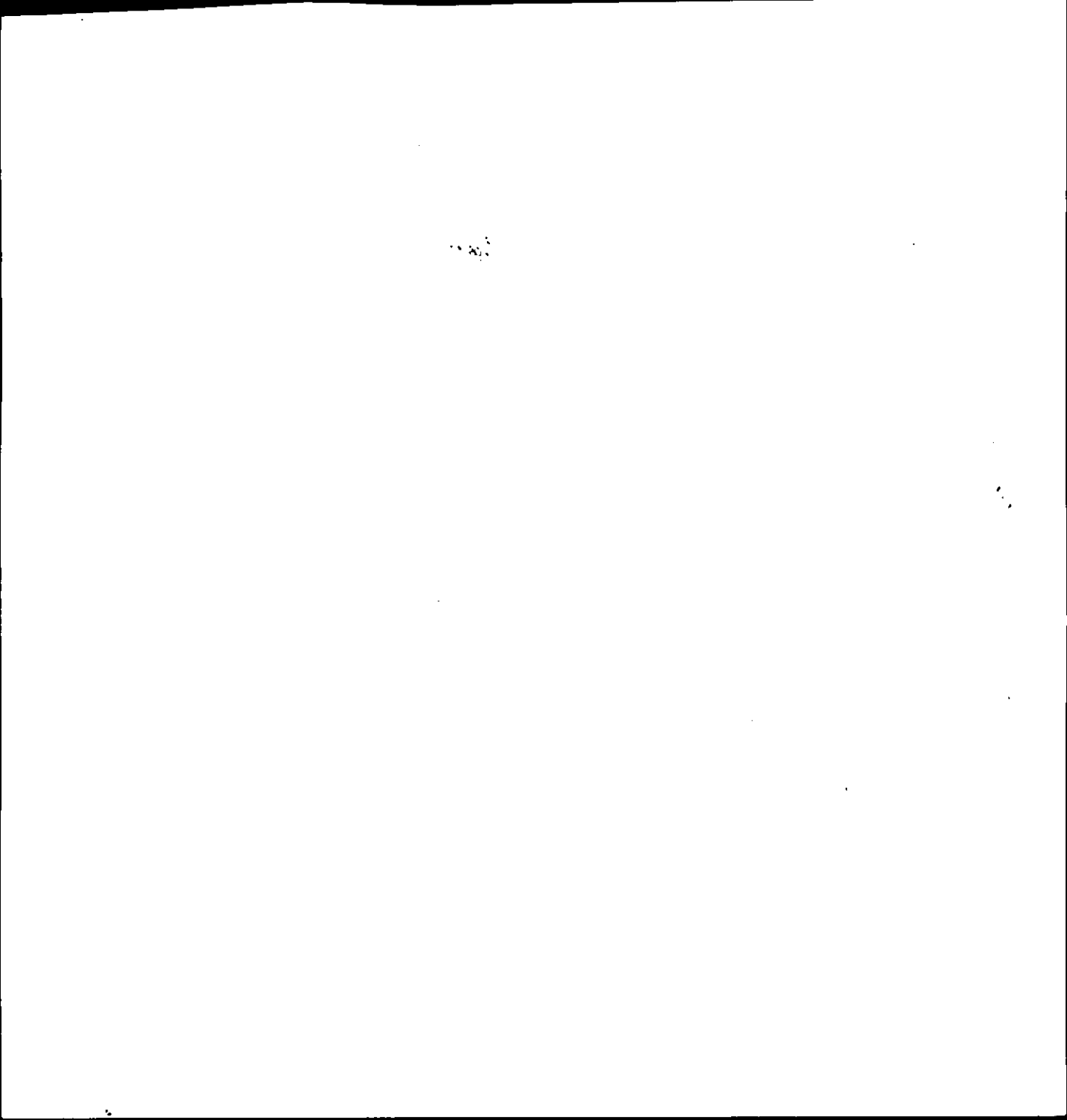
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify \_\_\_\_\_

(Signed) Abbe Banksau County Coroner M. D.

(Address) Camdenton, Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Lawrence  
Township Orange  
City Lawrence (No.       )

Registration District No. 117  
Primary Registration District No. 5167

File No.         
Registered No.         
St.        Ward       

**2. FULL NAME**

(a) Residence, No. 437 Phillips St., Ward. Springfield  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paula L. James  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1888  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
44 4 22

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Mar 10, 1933 Lizzie J. Keller Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 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        m.

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

Date of onset         
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)       , M. D.

(Address)       

SUPPLEMENTARY

S-31619-1