

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

Do not use this space.

31931

1. PLACE OF DEATH

36 County Franklin Registration District No. 297
 8 Township _____ Primary Registration District No. 296
 7 City Washington No. St. Francis Hosp. Washington St. _____ (Ward)

2. FULL NAME

George Schuler
 (a) Residence, No. Stanton Mo. St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 2 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 single
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 10 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labarer 2 3/4
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2 3/4

12. BIRTHPLACE (CITY OR TOWN) Stanton (STATE OR COUNTRY) Mo.

FATHER 13. NAME Amos Schuler

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

MOTHER 15. MAIDEN NAME Bertha Schatz

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

17. INFORMANT Amos Schuler (ADDRESS) Stanton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanton Mo DATE Oct-18 1932

19. UNDERTAKER J. T. Williams (ADDRESS) J. Sullivan, Mo.

20. FILED Oct 17 1932 A. L. Munnich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. in alive on Oct 16 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Accidental Struck by Frisco Passenger Train, no. 1 at Stanton Mo. While being on main line. Properly asleep.
 Other contributory causes of importance: Compound Fracture of Skull
 Date of onset 251

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Oct 14 1932

Where did injury occur? Stanton Mo (Specify city or town, county, and State)

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

Manner of injury Fracture of skull
 Nature of injury accident

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
 (Signed) Thos. P. Shaffer Coroner
 (Address) Sullivan Mo

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.

NOV 2 3 1932

