

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

Do not use this space.

39169

1. PLACE OF DEATH
 36 County Crawfordsville Registration District No. 297
 8 Township Washington Primary Registration District No. 3016
 7 City Washington (No. _____) St. _____ Ward _____

2. FULL NAME Eliza Schuetz
 (a) Residence, No. 110 E. 4th St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 422

PERSONAL AND STATISTICAL PARTICULARS

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 George W. Schuetz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>11</u>	<u>19</u>	

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. 255

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) Dud mo 1

FATHER

13. NAME Fritz Kaelling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Elizabeth Hodge

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

17. INFORMANT Geo W. Schuetz
 (ADDRESS) Washington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Episcopal Co. Dec 27th 1932

19. UNDERTAKER Mebergs and Vitt Inc.
 (ADDRESS) Washington, Missouri

20. FILED Dec 26 1932 O. L. Munnick
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1932 to Dec 23 1932
 I last saw him alive on Dec 23 1932. Death is said to have occurred on the date stated above, at 7:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Right Lobar Pneumonia Date of onset Dec 20 1932
117
108
116

Other contributory causes of importance:
Emphysema Dec 16 1932

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

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

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. R. Coker M. D.
 (Address) Washington 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.

JAN 23 1933

