

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

Do not use this space.

9799

1. PLACE OF DEATH

County Jackson
Township Kan.
City K.C. Mo.

Registration District No. _____

File No. _____

Primary Registration District No. Trinity Lutheran Hosp

Registered No. 1172 St. _____ Ward _____

2. FULL NAME

August Wilson Schultz
(a) Residence, No. _____ St. _____ Ward. Hulse - 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-19-1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 6 6

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. 115

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) Jasper Mo.

13. NAME F. M. Schultz

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

15. MAIDEN NAME Edna G. Thedon

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

17. INFORMANT (ADDRESS) Mrs. F. M. Schultz, Hulse - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Drexel Mo. DATE Mar-27-1933

19. UNDERTAKER (ADDRESS) J. B. Fair, Drexel Mo.

20. FILED 3-25-1933 M. M. Lepore Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1933 to 3-23, 1933
I last saw him alive on 3-20, 1933. Death is said to have occurred on the date stated above, at 3:45 m.
The principal cause of death and related causes of importance were as follows:

Blood Poisoning
Sepsis
115
Other contributory causes of importance:
Strep Throat
Streptococcus

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) H. H. Kook, M. D.
(Address) 1625 Ross Bldg, Quincy Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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