

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

Do not use this space.

11992

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD 24 1933
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.

1. PLACE OF DEATH
 County Saline Registration District No. 801
 Township Salto Pond Primary Registration District No. 4480
 City Sweet Springs No. _____ St. _____ Ward _____

2. FULL NAME August Schlu
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Minnie Schlu

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1864

7. AGE YEARS 68 MONTHS 10 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

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) March 4 - 1933 11. Total time (years) spent in this occupation 30

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emma Mo.

FATHER 13. NAME Wm Schlu

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

15. MAIDEN NAME Minnie Chrondorf

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

17. INFORMANT (ADDRESS) Mrs August Schlu

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Nov 9 1933

19. UNDERTAKER (ADDRESS) A. E. Carter Sweet Springs Mo

20. FILED Mar. 9 1933 A. H. Ringen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/6 - 1933

22. I HEREBY CERTIFY, ^{That I attended deceased from} we investigated ed the cause of death and found it due to natural causes. 19 1933 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:
Due to natural causes Date of onset _____
Have examined all we could & are satisfied there is no suspicion of foul play or injury
 Other contributory causes of importance:
We learn that he had not been well for some time

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? Yes
 If so, specify J. H. Jarvis M.D., Pres
 (Signed) A. H. Ringen Member Local M.D.
 (Address) Board of Health Sweet Springs, Mo.

