V. S. No. 2

MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

13542

File No. 1878

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kan
City K. C. Mo (No. St. Joseph Hospital St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Thomas P. Shultz
(a) Residence, No. 1610 Belleef St., Ward.
(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 wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-7-1875

7. AGE YEARS 57 MONTHS 11 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. Policeman
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) Kentucky

FATHER
13. NAME John Shultz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sarah Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Belle Shultz 1610 Belleef, ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE May-1-1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn

20. FILED 4-29 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 28 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1933, to April 28, 1933
I last saw him alive on April 27, 1933. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Pancreas & Liver

Other contributory causes of importance: Primary Pancreas
46 None
46 E
46 f

Name of operation Date
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? No
If so, specify
(Signed) W. P. Fish, M. D.
(Address) 910 Argyle Bldg

Digest
Argyle - 2-4