

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

Do not use this space.

30012

OCT. 20, 1933

PROPERTY CLASSIFIED - Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Dyle Primary Registration District No. 2002
 City Poplar, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Catherine Schutte
 (a) Residence, No. 903 Virginia 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 Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 78 7 25

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

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) Frank Puff Co. Mo.

13. NAME Frank Puff

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

15. MAIDEN NAME Catherine

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

17. INFORMANT Miss Clara Marie Schutte
 (ADDRESS) 703 Va. Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE Oct. 23

19. UNDERTAKER Frank Puff Co.
 (ADDRESS) Poplar, Mo.

20. FILED 9-30-33 Ed J. Jones
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1933, to Sept 29, 1933
 I last saw her alive on Sept 29, 1933 Death is said to have occurred on the date stated above, at 10-00 am .
 The principal cause of death and related causes of importance were as follows:
 Coronary Valvular heart. Date of onset _____

Other contributory causes of importance: _____

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

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) O. G. Myers , M. D.
 (Address) 708 Virginia, Poplar, Mo.

10
10

