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

Do not use this space.

31905

1. PLACE OF DEATH
County Scott
Township Sylvania
City Oran (No. ..... St. ..... Ward)

Registration District No. T 20
Primary Registration District No. 4496

File No. .....
Registered No. .....

2. FULL NAME Tina Schulte
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 20 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fem.	Germ.	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13 - 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	10	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Holland
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Spooler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER ——
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holland
(STATE OR COUNTRY)

14. INFORMANT Hy Schulte
(Address) Oran Mo

15. FILED 10/9 1933 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/26 - 1933

17. I HEREBY CERTIFY, That I attended deceased from 7/10 - 1933, to 9/26, 1933 that I last saw her alive on 9/25, 1933, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Mamary Glands.
50
50
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ——
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ——
DID AN OPERATION PRECEDE DEATH? No DATE OF ——
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ——
(Signed) H. S. Winters, M. D.
, 19 (Address) Oran Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Leopold, Mo	9/27 1933
20. UNDERTAKER	ADDRESS
None	