

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

Do not use this space.

39576

1. PLACE OF DEATH

County Cooper Registration District No. 222
 Township Pilot Grove Primary Registration District No. H-35
 City St. Martin (No. 5303) St. _____ Ward _____

File No. 20

Registered No. _____

2. FULL NAME

(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 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Effie Hamilton Schuster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1880

7. AGE YEARS 53 MONTHS 3 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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. Stock man

10. Date deceased last worked at this occupation (month and year) Jan 23 1933 11. Total time (years) spent in this occupation. 30 yrs

12. BIRTHPLACE (CITY OR TOWN) Pilot Grove (STATE OR COUNTRY) Cooper

13. NAME William Schuster

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

15. MAIDEN NAME Christina Stiller

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

17. INFORMANT Leonard Schuster (ADDRESS) Pilot Grove Mo

18. BURIAL, CREMATION, OR REINTERMENT in artesian well no. _____ PLACE St. Martin DATE Dec 26 29

19. UNDERTAKER Wm. H. Stockman & Co (ADDRESS) Pilot Grove Mo

20. FILED Dec. 26 1933 Mrs. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1933, to Dec 23 1933

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Crushed skull and broken neck
Automobile Accident
being struck by car.
Killed instantly

Date of onset

Other contributory causes of importance:

2105
7161M
NO
200

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? accident Date of injury Dec 23, 1933

Where did injury occur? Highway no 40 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On Highway no 40 in mo.

Manner of injury Crushed skull

Nature of injury Crushed skull broken neck

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. R. L. Anderson

(Address) Boonville mo.

Cooper Cooper Co.

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.

