

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

MAR 24 1934

1. PLACE OF DEATH

76 County Orange Registration District No. 603
Township Jefferson Primary Registration District No. 5000
City Belle-Mo (No. _____) St. _____ Ward _____

File No. 2052
Registered No. _____

2. FULL NAME Lucilla Julia Schultz

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 - 1909

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
25 3 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

House work

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) Belle Mo

13. NAME Herman Schultz

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

15. MAIDEN NAME Lydia Rohlfing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle Mo

17. INFORMANT Mr Herman Schultz
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Roemis Mo DATE Jan 30 1934

19. UNDERTAKER Sam Liefelder
(ADDRESS) Belle Mo

20. FILED Mar 10 1934 Mrs Leonard Johnson
Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 27 1934

22. I HEREBY CERTIFY, That I attended deceased from October, 1933, to Jan - 27, 1934.

I last saw her alive on Jan 27, 1934. Death is said

to have occurred on the date stated above, at 5:45 P.M.

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

Pulmonary Tuberculosis
23A

Date of onset Feb 1932

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? no
If so, specify _____

(Signed) Dr. J. T. Moore

(Address) Oxensville, Mo.

