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

Do not use this space.

3724

FEB 27 1934

1. PLACE OF DEATH
County: Warren — Registration District No.: 881
Township: Elkhorn — Primary Registration District No.: 6171
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 3

2. FULL NAME: William Schulz.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Donna Schulz

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 11-1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	85	2	10	

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

9. BIRTHPLACE (CITY OR TOWN): St. Charles, Co
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Fredrick Schulz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not known

14. INFORMANT: John H. Schulz
(Address): Pendleton, Mo

15. FILED 1/23, 1934 — A. W. Uhling, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 21st 1934

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis
Was patient of Dr. J. H. Bryan who was sick at time of death
..... (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY): Senile Debility
..... (duration) 5 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED: .....
IF NOT AT PLACE OF DEATH: .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF: .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. W. Uhling, M. D.
Jan 23, 1934 (Address) Warrenton, 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: Wentzville City Cem — DATE OF BURIAL: 1/28 1934
20. UNDERTAKER: F. W. Kirking — ADDRESS: Warrenton

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.

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