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.

MAR 24 1934

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

Do not use this space.

4497

1. PLACE OF DEATH
County Franklin — Registration District No. 293 — File No. 52
Township — Primary Registration District No. 4177 — Registered No.
City Pacific (No. ..... St. ..... Ward)

36 4 6

2. FULL NAME Augusta Schultz
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? 60 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Chris Schultz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22 - 1852
7. AGE YEARS 81 MONTHS 8 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Jan - 1931
11. Total time (years) spent in this occupation Life

10 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME — Wolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10 MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ernest Schultz Pacific Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Home Pacific Mo DATE 2/25 1934
19. UNDERTAKER (ADDRESS) Jno. A Thiebes & Son Pacific Mo
20. FILED 2-24 1934 G Erwin Fross
Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1934, to Feby 23 1934
I last saw her alive on Feby 23 1934. Death is said to have occurred on the date stated above, at 10-20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerosis of coronary arteries	not known
93C	
94B	
Other contributory causes of importance: Chronic Myocarditis	not known

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) R L McNay, M. D.
(Address) Pacific, Mo.