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.

JUL 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Henry — Registration District No. 349 — File No. 20197
Township Springfield — Primary Registration District No. 5500 — Registered No. 9
City — (No. ..... St. ..... Ward)

2. FULL NAME George H. Schott
(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 yrs. 23 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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Schott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 - 1860
7. AGE YEARS 74 MONTHS 4 DAYS #9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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) Neilusheim Germany
FATHER
13. NAME Jacob Schott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
MOTHER
15. MAIDEN NAME Kathran Scheck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Paul H. Schott Calhoun Mo R#3
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun DATE June 13 1934
19. UNDERTAKER (ADDRESS) J. A. Houser Calhoun Mo
20. FILED 6-13, 1934 Mrs. A. A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 - 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1934, to June 10th, 1934
I last saw him alive on June 10, 1934 Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular lesion of heart	Dec 1 [illegible]
93A	
1113	
92	

Other contributory causes of importance:

Odema of Lungs	6 week

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) D. A. Pollard, M. D.
(Address) Calhoun Mo