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.

AUG 23 1935

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

Do not use this space.
20918-A

File No.
Registered No. 4450

1. PLACE OF DEATH
County Jefferson Co. Registration District No. 420
Township Primary Registration District No. 5574
City DeSoto (No. , St. Ward)

2. FULL NAME Frank Schlett
(a) Residence, No. De Soto Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 49 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: Ollie Schlett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2 1885
7. AGE: Years 49 Months 4 Days 20 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) June March
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Bernard Schlett
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Justine Monrah
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Adam Schlett
(ADDRESS) DeSoto

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeSoto DATE June 25 1934

19. UNDERTAKER Mahn Funeral Service
(ADDRESS) DeSoto Mo

20. FILED 6/24 1934 W. W. Storro
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1933 to June 22 1934
I last saw alive on June 22 1934. Death is said to have occurred on the date stated above, at 7 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of mouth and throat	

Other contributory causes of importance:
45C
45F

Name of operation 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? no 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) David Ford, M. D.
(Address) De Soto Mo