

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.

11 50  
AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan  
Township  
City St Joseph

Registration District No. 85  
Primary Registration District No. 1001

File No. 23284  
Registered No. 79E  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Bruce Edward Schoolcraft  
(a) Residence, No. Shelting Arms 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1934</u>		
7. AGE	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Joseph Missouri</u>		
13. NAME <u>Joe Munshaw</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown unknown</u>		
15. MAIDEN NAME <u>Viola Schoolcraft</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown unknown</u>		
17. INFORMANT <u>Mrs Seda Giemen dorff</u> (ADDRESS) <u>Shelting Arms, St Joseph Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>July 10</u> 19 <u>34</u>		
19. UNDERTAKER <u>H. Aton BeGole + Bowman</u> (ADDRESS) <u>St Joseph, Mo.</u>		
20. FILED <u>7-10-1934</u> <u>John H. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9th 1934 to July 10th 1934  
I last saw him alive on July 9th 1934. Death is said to have occurred on the date stated above, at 4:12 a.m.  
The principal cause of death and related causes of importance were as follows:  
Acute Dysentery  
Date of onset

Other contributory causes of importance: none

23. Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

24. 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) P. W. Tullack, M. D.  
(Address) St Joseph, Mo.

