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.

OCT 12 1934

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No. 32464
Township ~~Washington~~ — Primary Registration District No. 3016 — Registered No. 94
City Washington (No. ..... St. ..... Ward)

36
8
7

2. FULL NAME Dorothy Rena Schutt (Baby)
(a) Residence, No. New Haven R.F.D. #1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26th, 1934
7. AGE YEARS 0 MONTHS 0 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Washington Missouri

FATHER
13. NAME William G. Schutt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Missouri R.F.D.

MOTHER
15. MAIDEN NAME Frieda Langendoerfer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Missouri R.F.D.

17. INFORMANT (ADDRESS) William G. Schutt New Haven, Missouri R.F.D. #1
18. BURIAL, CREMATION, OR REMOVAL PLACE Pilgrim Cemetery DATE Oct 1st 1934
19. UNDERTAKER (ADDRESS) Big Berger, Mo. Wiebring & Vitt, Inc Washington, Mo.
20. FILED Sept. 29, 1934 H. Amoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1934, to Sept 29, 1934
I last saw her alive on Sept 29, 1934. Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injurious incident to death	9-26-34
1608	

1606

Other contributory causes of importance: Breech Presentation ✓

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. R. Oettes, M. D.
(Address) Washington Mo.