JUN 24 1935

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

Do not use this space.

16950

1. PLACE OF DEATH

County Lafayette — Registration District No. 457

Township Freedom — Primary Registration District No. 5641B

City ~~Aullville~~ (No. ..... , ... St. ..... Ward)

File No. .....

Registered No. 10

2. FULL NAME Mrs Flora Schuette

(a) Residence, No. ..... 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: Female

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: John Schuette

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17 1886

7. AGE: YEARS 48 — MONTHS 6 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

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): Aullville Mo.

FATHER

13. NAME: Fritz Brand#

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Lydia Holtkamp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Concordia Mo.

17. INFORMANT (ADDRESS): Mr John Schuette Concordia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Higginsville DATE May 5 1935

19. UNDERTAKER (ADDRESS): Haefer & Mennershagen Higginsville Mo

20. FILED May 5 1935 Ferdinand Shryman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935, to May 2 1935

I last saw her alive on May 9 1935. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Chronic prolif arthritis	?

98 c

Other contributory causes of importance: Acute Dilatation of heart

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) Ralph C John, M. D.

(Address) Corder, Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD