AUG 21 1935

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

Do not use this space.

25829

1. PLACE OF DEATH
County Carroll
Township
City Carrollton Mo. No. , St. Ward)

Registration District No. 135
Primary Registration District No. 3010

File No.
Registered No. 80

2. FULL NAME Phillip Schutz
(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.

16
3
4

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~~ Phoebe Jorg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch - 15 - 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
68	4	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Carroll Co. Mo.

FATHER
13. NAME Geo Schutz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Cynthia Riser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Phillip Schutz Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery Aug 10 1935

19. UNDERTAKER (ADDRESS) J. E. Willis Funeral Home Carrollton Mo.

20. FILED 8 - 9 - 1935 Ruth Haskins Registrar.

1
10
10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 8 - 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1935 to Aug. 8 1935
I last saw him alive on Aug 8 - 1935. Death is said to have occurred on the date stated above, at 12 00 a.m.
The principal cause of death and related causes of importance were as follows:

~~Cancer~~ of Stomach
Carcinoma

Date of onset

Other contributory causes of importance

No

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? 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?
If so, specify
(Signed) E. E. Brunner, M. D.
(Address) Carrollton, 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.