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.

SEP 23 1935

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

Do not use this space.

27032

File No. .....

Registered No. 254

1. PLACE OF DEATH

County Marion — Registration District No. 547

Township ..... — Primary Registration District No. 3079

City Hannibal (No. 1501, Bird St. ..... Ward)

2. FULL NAME John David Schuetz

(a) Residence, No. 1501 Bird St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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 Anna Schuetz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1885

7. AGE: Years 50 — Months 5 — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Canton Missouri

FATHER

13. NAME William Schuetz

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

MOTHER

15. MAIDEN NAME Katherine —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Anna Schuetz
(ADDRESS) 1501 Bird Hannibal, Mo

18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE Mt Olivet DATE August 27, 1935

19. UNDERTAKER Wm M. Smith
(ADDRESS) 902 Broadway, Hannibal, Mo.

20. FILED Aug 29, 1935 R. H. Schrader
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1935, to Aug 24, 1935

I last saw him alive on Aug 24, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

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

	Date of onset
myocardosis	
Other contributory causes of importance:	
Coronary Thrombosis	

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? .....

If so, specify .....

(Signed) C. E. Salyer, M. D.

(Address) Hannibal Mo