

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.

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

Do not use this space.

DEC 17 1935

35587

1. PLACE OF DEATH

County Cooper Registration District No. 220 File No. _____
 Township Clear Creek Primary Registration District No. 4136 Registered No. 39
 City Beaumont Green St. _____ Ward) _____

2. FULL NAME

Daisy Meryl Schlotzhauser
 (a) Residence, No. Beaumont Green Mo 64604 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Fem.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry Schlotzhauser</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 22 - 1885</u>				
7. AGE	YEARS <u>50</u>	MONTHS <u>10</u>	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>July 1, 1935</u>			
				11. Total time (years) spent in this occupation <u>30</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beaumont, Missouri</u>				
MOTHER	13. NAME <u>John Adams</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Missouri</u>			
	15. MAIDEN NAME <u>Sarah Frances Boatman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clifton City, Missouri</u>			
17. INFORMANT (ADDRESS) <u>Harry Schlotzhauser</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beaumont Green</u> DATE <u>Nov - 26</u> 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>Flynn & Stoecklein, Pilot, Howe, Mo</u>				
20. FILED <u>10/27</u> 19 <u>35</u> <u>H. B. Rieder</u> Registrar.				

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1935, to Nov 26 1935
 I last saw her alive on Nov 21 1935. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chronic Anemia Date of onset Nov 1935
 Other contributory causes of importance None

Name of operation no 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) Chas. Sandy M. D.
 (Address) Pilot, Howe, Mo

