

MAR 18 1936

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

Do not use this space.

5349

1. PLACE OF DEATH

Franklin
County.....
Boles
Township.....
Pacific,
City..... (No..... St..... Ward)

Registration District No. 5411
Primary Registration District No. 293

File No.....
Registered No.....

2. FULL NAME Anna Pauline Schultz

(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 53 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 L 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Data deceased last worked at this occupation (month and year) Feb. 5, 1936
11. Total time (years) spent in this occupation Life

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

13. NAME Gusta Schultz

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

15. MAIDEN NAME Pauline Schultz

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

17. INFORMANT Ernst Schultz (ADDRESS) R. F. D. #1 Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Burlal Ground 2/11/1936

19. UNDERTAKER John A. Thiebes & Son (ADDRESS) Pacific, Mo.

20. FILED 2-11-36 1936 J. E. Gross Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1936

22. I HEREBY CERTIFY That I attended deceased from July 6, 1936, to July 8, 1936.

I last saw her alive on July 8, 1936. Death is said to have occurred on the date stated above, at 10:45 p.m.

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

Arterial poisoning taken with suicidal intent.

Date of onset 2-6-36

Other contributory causes of importance:

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? Suicide 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) J. E. Gross, M. D.
(Address) Pacific, Mo.

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.

