

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.

JUL 24 1936

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

Do not use this space.

22962

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Levan Primary Registration District No. 1002
 City Kansas City (No. 4-C Gen Hosp)

File No. _____
 Registered No. 2894
 St. _____ Ward _____

2. FULL NAME

Oscar Scholze
 (a) Residence, No. 116 N. Quincy St., _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. 3 mos. 0 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1858

7. AGE YEARS 77 MONTHS 8 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Germany

13. NAME Oscar Scholze

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

15. MAIDEN NAME Schroeder

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

17. INFORMANT (ADDRESS) P. W. Adkins

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 6/16 1936

19. UNDERTAKER (ADDRESS) O. J. Mast Funeral Home

20. FILED 6/16 1936 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-9 1936, to 6-14 1936

I last saw him alive on 6-14 1936 Death is said to have occurred on the date stated above, at 7:30 AM

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

Chronic Nephritis
Toxic Purpura
 Other contributory causes of importance:
Bum the pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external cause, fill in also the following:
 Accident, suicide, or homicide? No 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) J. H. James M. D.
 (Address) 421 N. Gen Hosp

RECORDING THIS IS A PERMANENT RECORD

