SEP 18 1936

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

Do not use this space.

30078

1. PLACE OF DEATH
County Caldwell
Township ~~Davis~~
City Braymer (No. ..... , ... St. ..... Ward)

Registration District No. 93
Primary Registration District No. 4055

File No. .....
Registered No. 15

2. FULL NAME John Elexander 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 13 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 Eva O. Schultz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1859

7. AGE YEARS 77 MONTHS 6 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Apr 1936
11. Total time (years) spent in this occupation 60

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

FATHER
13. NAME John C. Schultz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT (ADDRESS) Eva Schultz Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shiner. DATE 8/20, 1936

19. UNDERTAKER (ADDRESS) B. L. Mead Braymer, Mo.

20. FILED Aug 20 1936 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18/36, 19

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to Aug 18, 1936
I last saw him alive on Aug 18, 1936 Death is said to have occurred on the date stated above, at 6;30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer of Stomach	Not known
Probable Cancerous	
46	

Other contributory causes of importance:

Name of operation None 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) Henry H. Patterson, M. D.
(Address) Braymer, 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.