

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.

NOV 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph (No. Ma)

Registration District No. 85
Primary Registration District No. 1001
Methodist Hospital St. Ward

File No. 36719
Registered No. 1242

2. FULL NAME Grace Elizabeth Schuler

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

Length of residence in city or town where death occurred — yrs. — mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Henry Schuler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28, 1895</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>7</u>	DAYS <u>3</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. <u>Own home</u>
	10. Date deceased last worked at this occupation (month and year) <u>June 1936</u>
	11. Total time (years) spent in this occupation <u>all</u>

12. BIRTHPLACE (CITY OR TOWN) <u>Wathena</u> (STATE OR COUNTRY) <u>Kansas</u>
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FATHER	13. NAME <u>William Lehman</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Salem</u> (STATE OR COUNTRY) <u>Nebr.</u>

MOTHER	15. MAIDEN NAME <u>Minnie Huffman</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Wathena,</u> (STATE OR COUNTRY) <u>Kansas</u>

17. INFORMANT <u>Henry Schuler</u> (ADDRESS) <u>Wathena, Kansas.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wathena, Kans</u> DATE <u>Oct. 2</u> 19 <u>36</u>

19. UNDERTAKER <u>Walter Meierhoffer</u> (ADDRESS) <u>St. Joseph, Mo</u>

20. FILED <u>10-3</u> 19 <u>36</u> <u>W. J. Neale</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936, to Oct. 1, 1936I last saw him alive on Sept. 30, 1936 Death is saidto have occurred on the date stated above, at 5-4 a.m.

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

Lymphatic Leukemia Date of onset

Other contributory causes of importance:

NoneName of operation None Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), 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 noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify St. Joseph(Signed) W. J. Neale M. D.(Address) St. Joseph, Mo

