DEC 30 1936

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

Do not use this space.

43433

1. PLACE OF DEATH
County: Schuyler — Registration District No.: 804 — File No.:
Township: Salt River — Primary Registration District No.: 6147 — Registered No.:
City: Greentop (No. ..... St. ..... Ward)

2. FULL NAME: Julius Schade

(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 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: Carolyn Schade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR):

7. AGE: Years 77 — Months 7 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Posen, Germany
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): Posen Germany

FATHER

13. NAME: Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Julius Schade

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Queen City DATE: 11-11 1936

19. UNDERTAKER (ADDRESS): Wm A West, Queen City Mo

20. FILED: March 11, 1936 Mrs O P Farrington, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936 to Nov 1, 1936
I last saw h.. alive on Nov 1, 1936. Death is said to have occurred on the date stated above, at ..... A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of old age	
Catarrhal Pneumonia	

Other contributory causes of importance:

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

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) G H Van Osdol D.D., M. D.
(Address) Greentop 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.