

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

Do not use this space.

43683

1. PLACE OF DEATH

County Madison Co Hospital Registration District No. 26
Township Mexico MO Primary Registration District No. 3002
City Mexico MO (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Josiah Schutte (If nonresident, give city or town and State)
(Usual place of abode) Madison Co. Mo.

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) unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS 75 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't know
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Don't know
10. Date deceased last worked at this occupation (month and year) Don't know 11. Total time (years) spent in this occupation Don't know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mexico MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia MO DATE 12-22-1936

19. UNDERTAKER (ADDRESS) J.O. Roberts Columbia MO

20. FILED 12-21-1936 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-1936

I HEREBY CERTIFY, That I attended deceased from about 1 P.M. 1936 to Dec 20- 1936

I last saw him alive on 12-20, 1936. Death is said to have occurred on the date stated above, at 3 P., m.

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

Carcinoma of Esophagus (Mitotic Degeneration)
Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1936

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. J. Garrison, M. D.

(Address) Mexico MO

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

