

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Calloway
Township _____
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. 11388
Registered No. 94
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Herman Schulte St. _____ Ward _____
(Usual place of abode) Troy, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 14 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5-6 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Granite Cutter

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) about Dec., 1936 11. Total time (years) spent in this occupation about 15 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

13. NAME Bernard Schulte

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

15. MAIDEN NAME Luzetta Hager

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

17. INFORMANT State Hosp. Records (ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy, Mo DATE March 31, 1937

19. UNDERTAKER Wm. H. McAllister (ADDRESS) Fulton, Mo.

20. FILED Jan 31, 1937 R. V. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1937 to March 30, 1937

I last saw him alive on March 30, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

1. Pulmonary Tuberculosis Date of onset _____
2. Pneumococcosis Date of onset _____

Name of operation None 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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Granite Cutter for 15 yrs.

(Signed) F. A. Barnett M. D.
(Address) Fulton, 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.

