

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Holt
Township Lewia
City Oregon (No. _____)

Registration District No. 373
Primary Registration District No. 4719

File No. 12067
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Samuel Henry Schulte

(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 Nannie M. Hatfield Schulte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 1 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Store

10. Date deceased last worked at this occupation (month and year) April 2, 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Mo.

13. NAME Henry Schulte

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

15. MAIDEN NAME Wilhemina Karkans

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

17. INFORMANT Mrs. Nannie Schulte (ADDRESS) Oregon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo. DATE April 6, 1937

19. UNDERTAKER Lester Pettigrew (ADDRESS) Oregon Mo.

20. FILED 4-537 19 37 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1937

22. I HEREBY CERTIFY, that I attended deceased from April 3, 1937 to April 3, 1937

I last saw him alive on April 3, 1937. Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Angina Pectoris
aa

Date of onset 4/3/37

Other contributory causes of importance Aortic insufficiency Heart failure

Name of operation _____ 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 no injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) E. F. Newberry, M. D.

(Address) Oregon 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.

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