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.

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

108 County Vernon — Registration District No. 878 — File No. 17856

Township Drywood — Primary Registration District No. 6156B. — Registered No. 8

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Henry Stolz

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nove 4-1861

7. AGE YEARS 75 — MONTHS 5 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jay Co Ind

FATHER

13. NAME Adem Soltz

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

MOTHER

15. MAIDEN NAME Elizabeth Schmidt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Ohio

17. INFORMANT (ADDRESS) Mrs S C Savage Adams New

18. BURIAL, CREMATION, OR REMOVAL

PLACE Avola DATE April 15 1937

19. UNDERTAKER (ADDRESS) G. B. Berry & Son Sheldon Mo

20. FILED April 14 1937 Carroll T. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12 1937

22. I HEREBY CERTIFY, That I attended deceased from Saw him about 45 minutes after death, 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Angina pectoris — Date of onset 4/12/37

94a

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? History of Case 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) Arthur G. Althaus, M. D.

(Address) Sheldon Mo.