

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.

JUN 18 1937

1. PLACE OF DEATH
36 County Franklin Registration District No. 294 ^{Set}
Township Central Primary Registration District No. 5409B
City (No.) St. Ward

2. FULL NAME Delma Schultz (Kaszewski)
(a) Residence, No. Washington St. Ward. Union, Missouri
(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.

File No. 19951
Registered No.
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
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 Walter Kaszewski (Schultz)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1903
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 11 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Union, Missouri
13. NAME Edw. A. Mantels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Missouri
15. MAIDEN NAME Mary K. Schiller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Missouri
17. INFORMANT Eldo F. Mantels
(ADDRESS) Centralia, Illinois
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE June 9 1937
19. UNDERTAKER Union Fum. Co. (V.H. Horn)
(ADDRESS) Union, Missouri
20. FILED June 8 1937 W.D. Duckworth
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1937
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
I last saw her alive on , 19 . Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:
Auto accident
Fracture Skull
Date of onset
Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis? Centralia Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 6 1937
Where did injury occur? Highway 50 3 miles Union
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Highway # 50 3 mi East of Union
Manner of injury Auto accident
Nature of injury Head on col.
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Phos. Hoffer M.D.
(Address) Fullerton Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin Registration District No. 294
 Township Central Primary Registration District No. 3409B
 City (No.) (No.) (No.) (No.)
 Ward

File No.
 Registered No.

2. FULL NAME

Delma Kaszewski (Schultz)
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter Kaszewski (Schultz)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar

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?

If so, specify

(Signed) Phos. P. Shoffa (Address)

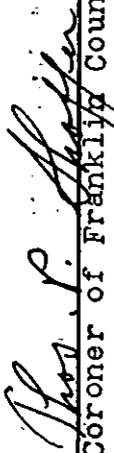
SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

This is the correct name of the party whose original Death Certificate was filled out June 6, 1937 under the name of Delma Schultz (Kaszewski).

The correct name as should be filed is Delma Kaszewski (Schultz)


Coroner of Franklin County.

5-(2)9951

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin Registration District No. 294 File No. 19957
 Township Central Primary Registration District No. 3409B Registered No. _____
 City 3. Miss. East Union, Mo. on Highway 30 (Ward)

2. FULL NAME

Delma Kaszewski Schultz

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) in

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 11 21

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

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19__

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__

I last saw him _____ alive on _____, 19__ Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

AUTOMOBILE ACCIDENT RESULTING IN INSTANT DEATH AT 11 P. M. FRACTURED SKULL. HEAD-ON COLLISION WITH M. F. A. TRUCK
 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?

If so, specify _____

(Signed) Thos. P. Shaffer M.D.

(Address) William

SUPPLEMENTARY