AUG 31 1937

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

Do not use this space.

28505

File No.
Registered No.

1. PLACE OF DEATH
County Scott
Township
City Illmo (No. , St. Ward)

Registration District No. 1151
Primary Registration District No. 6065

2. FULL NAME Albert Christian Schuette

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27, 1873

7. AGE: Years 64 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton belt R.R.
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

FATHER
13. NAME Christoph Schuette
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) germany

MOTHER
15. MAIDEN NAME Louise Martens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. A.C. Schuette
(ADDRESS) Illmo, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutheran cem. Illmo Mo. DATE 8/2, 1937

19. UNDERTAKER Bispinghoff & Hubbard
(ADDRESS) Illmo, Mo.

20. FILED 8-2 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937 to July 31, 1937
I last saw him alive on July 31, 1937. 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
Myocarditis	1931

Other contributory causes of importance

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) Illmo Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.