

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cooper Registration District No. 229 53 File No. 10560
Township Pleasant Creek Primary Registration District No. 4-136 Registered No. 54
City Pilot Grove, (No. _____) St. _____ Ward _____

2. FULL NAME

Christine Barbara Schuster 336

(a) Residence, No. near Pilot Grove Ward mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Arthur Schuster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-19-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 10 27

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). Feb 24 1938 11. Total time (years) spent in this occupation. 8 yrs.

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

13. NAME Peter Pletschette

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

15. MAIDEN NAME Mary Geller

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

17. INFORMANT (ADDRESS) Arthur Schuster Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Joseph Cem. 3-19-38

19. UNDERTAKER (ADDRESS) Hayes & Stecklein Pilot Grove, Mo

20. FILED Mar 17 1938 H. B. Riebler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-12-1938, to 3-16-1938

I last saw her alive on 3-16-1938. 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:

Solar Pneumonia Date of onset 3-11-38

Other contributory causes of importance: 108

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. O. Bolger, M. D.

201 (Address) Pilot Grove, 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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