

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.

REC'D APR 19 1938

1. PLACE OF DEATH

County Cooper
Township Pilot Grove
City Mo (No. _____)

Registration District No. 222
Primary Registration District No. 41.35

File No. 2 10563
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. 4.3.9.
(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. mos. 7 ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19-1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 7

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) Pilot Grove, Missouri

13. NAME Milton Hill Schlotzhauser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove, Missouri

15. MAIDEN NAME Clara Belle Wolfe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Green, Missouri

17. INFORMANT (ADDRESS) Milton Hill Schlotzhauser, Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove, Mo DATE Mar 26, 1938

19. UNDERTAKER (ADDRESS) Ways & Dricklin CO, Pilot Grove, Mo

20. FILED Mar. 26, 1938 M. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1938, to Mar 26, 1938
I last saw him alive on Mar 25, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Probable respiratory defect of hepatic & cardiac nature of heart valves & function.

Other contributory causes of importance: 920

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 no

Nature of injury _____

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

If so, specify _____

(Signed) Chas. Sandy, M. D.

(Address) Frank Grove, Mo

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