

REC'D JUN 16 1938

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

17873

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 139
(c) City Fulton (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. / mos. 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Cynthia Elizabeth Schler 1750--
(a) Residence, No. Blackwater, Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Schler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Missouri

13. NAME Dr.

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

15. MAIDEN NAME Dr.

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

17. INFORMANT (ADDRESS) Fred Zimmerman
Newton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Fork DATE June 2nd 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. J. Thacker
Boonville Mo

20. FILED May 31 1938 A. N. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1938, to May 31, 1938
I last saw h. Dr. alive on May 31, 1938 Death is said to have occurred on the date stated above, at 3:55 p. m.

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

Chr. myocarditis
Bas. arteriosclerosis
Other contributory causes of importance: 92C
Mild hypertension

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) W. J. Cramer, M. D.
(Address) Fulton, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *L. J. Menster*

Licensed Embalmer No. # 7237

P. O. Address *Boonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.