REC'D AUG 22 1938

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

Do not use this space.

File No. 25167

Registered No.

1. PLACE OF DEATH
County COOPER
Township LAMINE
City (No. St. Ward)

Registration District No. 217
Primary Registration District No. 5308

2. FULL NAME HENRY ~~[illegible]~~ SCHUSTER
(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*): WIDOWED

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ VIOLA BELL SCHUSTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 5-1867

7. AGE: YEARS 71 | MONTHS 4 | DAYS 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMER
10. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation 0

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

FATHER
13. NAME MORITZ SCHUSTER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME RACHEAL HILDERBRANT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) MRS ROY JEFFRESS BLACKWATER Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE OLD LAMINE DATE AUG 12 1938

19. UNDERTAKER (ADDRESS) STEGNER-KOENIG BOONVILLE MO.

20. FILED 8/12 1938 W. F. Haney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 11 1938

22. I HEREBY CERTIFY, That I attended deceased from July 23 1938 to Aug 11 1938, I last saw him alive on Aug 8 1938. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	July 23 1938
8761	

Other contributory causes of importance:
Arterial Hypertension

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) W. F. Haney, M. D.
(Address) Blackwater 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.