REC'D SEP 14 1938

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

28426
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township Washington
(c) City St. Joseph
(d) Street No. outside of city limits. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 86
Primary Registration District No. 5127
Registered No. 45

2. PRINT FULL NAME Annabelle Schultz
(a) Residence, No. St. Joseph, Mo. St.
(Usual place of abode, if no street address, write county or city) (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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1878.

7. AGE: Years 60 | Months 4 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Marshall, Mo.

FATHER
13. NAME James Pritchett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs. Nancy Reed.
(ADDRESS) 6111 Sherman St., St. Joseph, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE I.O.O.F. Cemetery DATE August 16, 1938

19. FUNERAL DIRECTOR Fred L. Clark
(ADDRESS) 5025 King Hill Ave. St. Joseph, Mo.

20. FILED Aug. 15, 1938 Myrtle M. Bauman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1938, to August 15, 1938
I last saw her alive on Aug. 14, 1938. Death is said to have occurred on the date stated above, at 7:40 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 8-11-38

54

Other contributory causes of importance:
Arteriosclerosis
Diabetes mellitus — 1936

Name of operation None 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) E. S. Grant, M. D.
(Address) 6297 King Hill Ave St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.
I X12604

STATEMENT BY LICENSED EMBALMER

I, Fred D. Clark, Licensed Embalmer No. 1273

hereby certify that the body recorded on the reverse side of this certificate was embalmed by himself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Fred D. Clark

Licensed Embalmer No. 1273

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.)