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.

MAY 18 1939

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

Do not use this space.

1. PLACE OF DEATH
County Adair
Township
City Kirksville (No. ..... St. ..... Ward)
Registration District No. 4
Primary Registration District No. 3001
File No. 14093
Registered No. 100

2. FULL NAME 432 Marie Shultz
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
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) April 13, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Kirksville Missouri

FATHER
13. NAME William Shultz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland County Missouri

MOTHER
15. MAIDEN NAME Della Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meadville Missouri

17. INFORMANT (ADDRESS) William Shultz Greensburg, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Greensburg, Mo. DATE April 14 1939
19. UNDERTAKER (ADDRESS) Gerth + Baskett Memphis, Missouri
20. FILED Apr. 19 1939 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 13, 1939, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:
Breech Delivery

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) John H. Denby D.O., ~~M.D.~~
(Address) Kirksville

RECEIVED
District Health Officer No. 10
District File Number 10-39-781
Date Filed MAY 16 1939