

6390 JUN 14 1939
729

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

Do not use this space.

18054

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph Mo

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 495
St. _____ Ward _____

2. FULL NAME

Samuel Treveson (Schultz)

(a) Residence, No. Kansas City Mo 2810 E 30th Street Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 22 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) Divorced |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Easter Lilly Mc Graw | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1896 | | |
| 7. AGE | YEARS 43 | MONTHS 0 |
| | DAYS 8 | IF LESS THAN 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic Garage | 11. Total time (years) spent in this occupation unk. |
| | 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) | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Mills Kansas | | |
| FATHER | 13. NAME John Schultz | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perrysylvania | |
| | 15. MAIDEN NAME Lula Hazelgrove | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Mills Kansas | |
| MOTHER | 17. INFORMANT (ADDRESS) Hospital Records | |
| | 18. BURIAL, CREMATION, OR REMOVAL PLACE of O.F. Cemetery DATE May 10 1939 | |
| | 19. UNDERTAKER (ADDRESS) Barry - Wylre Funeral Home 218 So 10 th St | |
| | 20. FILED May 10, 1939 H.J. Neelbuch Registrar | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1 1939, to May 8 1939. I last saw him alive on May 8 1939. Death is said to have occurred on the date stated above, at 2:20 A.M. The principal cause of death and related causes of importance were as follows:

| | | | |
|--|---|---------------|------------|
| Principal cause of death | Branchopneumonia unresolved | Date of onset | May 6 1939 |
| Other contributory causes of importance: | Psychoses with syphilitic of central nervous system | | ? |

Name of operation none Date of _____

What test confirmed diagnosis? X-ray of chest 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) Donald Breit M. D.
(Address) State Hosp # 2

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 hereby certify that I embalmed the body whose name is recorded on the reverse side of this certificate.

signed & D. E. Ryan

Licensed Embalmer No. 3613

P.O. Address St Joseph, Mo