

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.

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

Do not use this space.

## 1. PLACE OF DEATH

County PettisTownship AdairCity Adair (No. General Hospital)Registration District No. 668Primary Registration District No. 30327File No. 30735Registered No. 245St. Adair Ward Adair

## 2. FULL NAME

(a) Residence. No. David Schulz (Usual place of abode) P.O. # 7 Adair St. Ward. Adair (If nonresident, give city or town and State)Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Schulz6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 1867

7. AGE <u>76</u>	YEARS <u>1</u>	MONTHS <u>10</u>	days <u>10</u>	If LESS than 1 day, .....hrs. or .....min.
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## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Benton County  
(STATE OR COUNTRY) Missouri10. NAME OF FATHER George Schulz11. BIRTHPLACE OF FATHER (CITY OR TOWN) Benton  
(STATE OR COUNTRY) Mo.12. MAIDEN NAME OF MOTHER Don't know13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)14. INFORMANT Mrs. Ed Bryant  
(Address) Adair P.O. # 715. FILED 9-26-1930 J. S. Love REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/24 193017. HEREBY CERTIFY That I attended deceased from Sept 10 to Sept 23, 1930, that I last saw him alive on Sept 25, 1930, and that death occurred, on the date stated above, at Adair

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carrionary Embolism

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF noWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? no(Signed) John H. H. H., M. D.19 (Address) Adair Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Adair Cemetery, Adair 9/25 1930

20. UNDERTAKER

ADDRESS

McLaughlin Bros Adair

