

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.

80
 2
 1929
 Leonard Bokking

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

Do not use this space.

15568

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township Franklin Primary Registration District No. 5889
 City (Name) _____ St. _____ Ward _____

2. FULL NAME Resigna Schultz
 (a) Residence No. Route 2 Sedalia St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Blount, Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown Esman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown Spickman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT William Schultz
 (Address) Route #2 Sedalia

15. FILED 4-12-29 1929
J. J. Love
 REGISTRAR

✓ MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1929

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1929, to April 10, 1929 that I last saw her alive on Apr 6, 1929 and that death occurred, on the date stated above, at 6:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
131
82A
chronic (duration) yrs. mos. 4 da.
 CONTRIBUTORY Interstitial Nephritis
 (SECONDARY) (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHICH TEST CONFIRMED DIAGNOSIS? urinalysis
 (Signed) Leonard Bokking, M. D.
Apr 11, 1929 (Address) Sedalia 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 Sedalia Mo DATE OF BURIAL April 12 1929

20. UNDERTAKER Mrs. Lillian Bros ADDRESS Sedalia

235
 10
 10

