NOV 21 1930

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

Do not use this space.

85

32155

File No.

Registered No. 1135

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City St. Joseph Mo. (No. 3314 Burnside St. Ward)

2. FULL NAME William Wright Shultz

(a) Residence. No. 3314 Burnside St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 21, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	24	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) West Virginia

PARENTS

10. NAME OF FATHER Michael Shultz

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT O. E. Shultz
(Address) St. Joseph, Mo.

15. FILED Oct 18 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-15 1930

17. I HEREBY CERTIFY, That I attended deceased from VIEWED on Oct 15 1930, to 19..., that I last saw h... alive on 19..., and that death occurred, on the date stated above, at 10 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
97

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) B. W. Tadlock Coroner M. D.

10/16 1930 (Address) 821 Francis

*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 Pattonsburg Mo

DATE OF BURIAL Oct. 19 1930

20. UNDERTAKER Fleeman Funeral Home

ADDRESS 1946 Calhoun

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.