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

Do not use this space.

27459

1. PLACE OF DEATH
County: Bates
Registration District No.: 50
Township:
Primary Registration District No.: 3004
City: Butler (No. St. Ward)

File No.: 52
Registered No.:

2. FULL NAME: Romain R. Schuyler Dr.

(a) Residence, No. 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1854

7. AGE: Years 77 Months 2 Days 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): New York. N.Y.

FATHER
13. NAME: Phillip Schuyler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dan Kans

MOTHER
15. MAIDEN NAME: Elizabeth Post
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York, N.Y.

17. INFORMANT: Carl Schuyler
(ADDRESS) Butler, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Walnut Grove DATE: Aug 2, 31

19. UNDERTAKER: Carlans
(ADDRESS) Butler, Mo.

20. FILED: Aug 2, 1931 Nina L Carlans
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 31

22. I HEREBY CERTIFY, That I attended deceased from Aug 20th 30, to Aug 1st 31
I last saw ~~him~~ alive on Aug 1st 31. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

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) L D La Hue, M. D.
(Address) Butler Mo

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

AUG 21 1931