

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

Do not use this space.

33053

NOV 26 1935

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Carthage Primary Registration District No. 3020
City Carthage (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Isaac Newton Schooler
(a) Residence, No. 1156 S Maple St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elice Schooler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 25, 1856</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>7</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Carpenter</u>	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mt Vernon Ohio</u>		
FATHER	13. NAME <u>Sam Schooler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Mary Hammel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs Elice Schooler 1156 S Maple Carthage Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Task Cemetery</u> DATE <u>Nov. 1, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Free Mortuary Carthage, Missouri</u>		
20. FILED <u>Oct 31, 1935</u> <u>S. B. Clinton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1935

22. HEREBY CERTIFY, That I attended deceased from Sept 27, 1935 to Oct 30, 1935
I last saw him alive on Oct 30, 1935 Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Chronic Nephritis
Date of onset 7

Other contributory causes of importance:
2ndary anemia
Senility

Name of operation none Date of _____
What test confirmed diagnosis? physical 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) George H. Wood, M. D.
(Address) Carthage Mo

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.

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