SEP 18 1936

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

Do not use this space.

29955

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1059

City St. Joseph, (No. St. Charles Hotel St. Ward)

2. FULL NAME Ellis H. Schooler

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

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 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 Zona Schooler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July. 28. 1908.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
28	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station

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) August. 8. 1936

11. Total time (years) spent in this occupation I Year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfax, Missouri.

FATHER

13. NAME Ezra Schooler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rason County, Virginia

MOTHER

15. MAIDEN NAME Caroline Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown County, Ohio.

17. INFORMANT (ADDRESS) Okie F Schooler Burlington Jct, Mo.

18. BURIAL, CREMATION, OR REMOVAL Pleasant Ridge
PLACE Fairfax, Mo. DATE Aug. 17 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str St. Joseph, Mo.

20. FILED Aug 16 1936 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August. 15, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Aug 16, 1936 to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at About 10 P.M.

The principal cause of death and related causes of importance were as follows:

Acute Alcoholism

75 lbs

Other contributory causes of importance: Excessive Heat.

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? Phy. Find 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) Tomas Thomas Coroner, M. D.

(Address) 731 Faraon

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.