

AUG 20 1937

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

Do not use this space.

PLACE OF DEATH

County *Cooper*
Township *Lebanon*Registration District No. *221*
Primary Registration District No. *5300*File No. *27061*
Registered No. _____

City _____ (No. _____) St. _____ Ward _____

FULL NAME *Thomas Churchill Shultz*(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

X 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF*Nannie Shultz*

DATE OF BIRTH (MONTH, DAY, AND YEAR)

AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 13

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PLACE (CITY OR TOWN)
STATE OR COUNTRY*Cooper County
Missouri*NAME *W. P. Shultz*BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Lebanon
Mo.*MAIDEN NAME *Martha Ross*BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Montem Co.
Missouri*FORMANT
(ADDRESS)*Mr. T. C. Shultz, Jr.
211 Nevada, Mo.*

RIAL, CREMATION, OR REMOVAL

AGE

DATE *June 30, 1937*ERTAKER
(ADDRESS)*Jewell E. DeShazo
Rippe Ave
Lebanon, Mo.*

ED

1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 1st 1937*22. I HEREBY CERTIFY, that I attended deceased from *June 1, 1937* to *June 1, 1937*I last saw him alive on *June 1, 1937* Death is saidto have occurred on the date stated above, at *4:30 p.m.*

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

Carcinoma Stomach

Date of onset

Other contributory causes of importance:

*40
Chronic myocarditis
nephritis*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

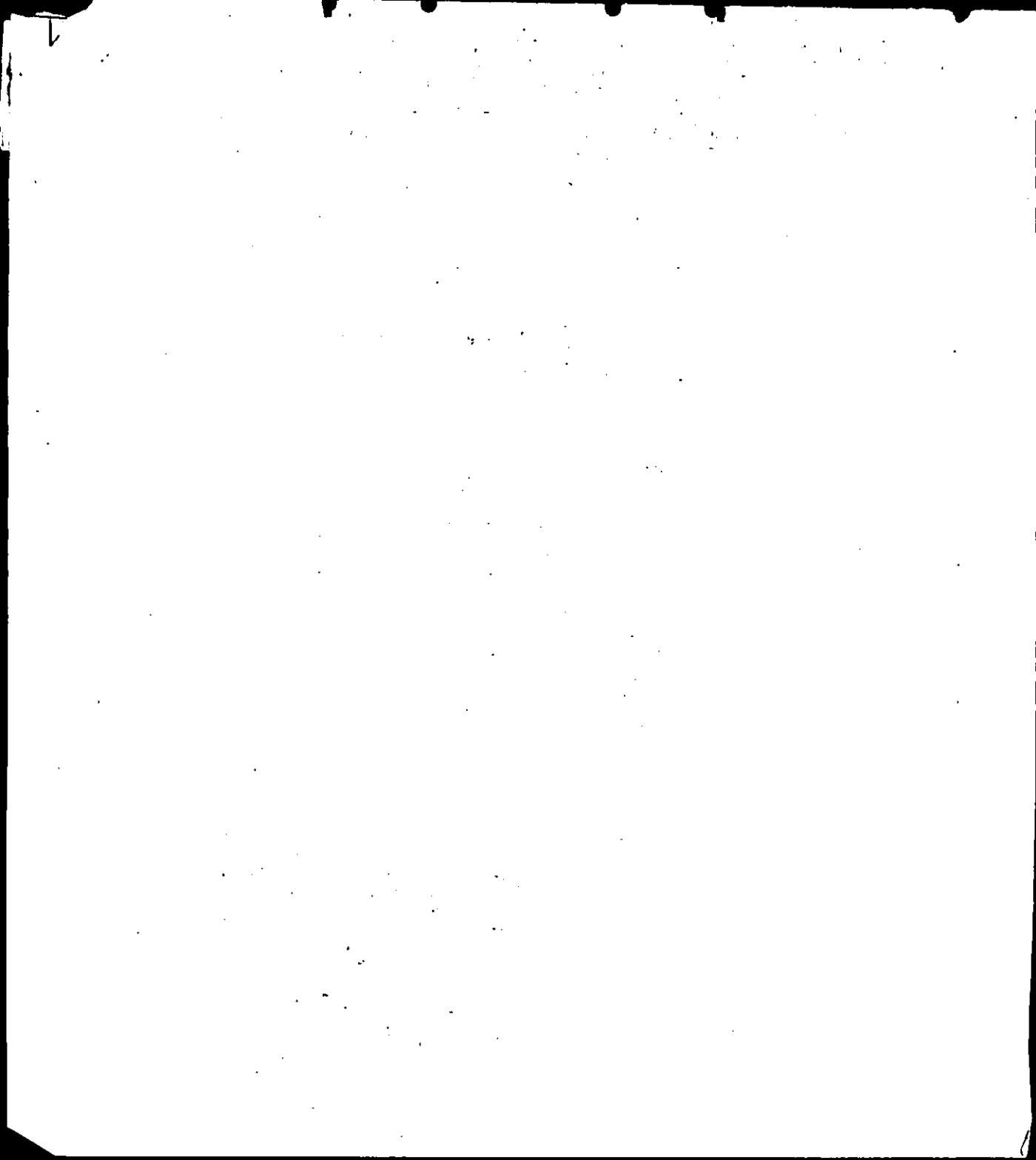
(Signed) *J. DeShazo*

, M. D.

(Address) _____

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

20314



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

Do not use this space.

1. PLACE OF DEATH

County Copier
Township Lebanon
City Lebanon (No.) St. Ward)

Registration District No. 221
Primary Registration District No. 3300

File No. 27061
Registered No.

2. FULL NAME

Thomas Churehill Shultz
(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 13

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Syrcusons DATE 6/3 1938

19. UNDERTAKER (ADDRESS)

20. FILED 87 10 27 1938 W. H. Fogle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h... on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Carcinoma stomach (Date of onset)

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) R. H. Loyd, M. D.
(Address) St. Charles

