JAN 15 1938

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

Do not use this space.

Registration District No. 26
Primary Registration District No. 3002

File No. 44571
Registered No. 189

1. PLACE OF DEATH
County Audrain
Township ~~Saltriver~~
City Mexico Mo (No. Audrain Hospital St. Ward)

2. FULL NAME Edward Brenton Schutte

(a) Residence, No. R.F.D. Benton City, Mo. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 16, 1937

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

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

FATHER
13. NAME Herbert W. Schutte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Mo.

MOTHER
15. MAIDEN NAME Margaret Brenton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Mo.

17. INFORMANT Herbert W. Schutte
(ADDRESS) R.F.D. Benton City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cemetery, Mexico, Mo. DATE Dec. 19, 1937

19. UNDERTAKER H.A. Precht & Son
(ADDRESS) Mexico, Mo.

20. FILED Dec 18, 1937 Blanche Feely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-16-, 1937, to 12-18-, 1937
I last saw him alive on 12-18-, 1937. Death is said to have occurred on the date stated above, at 12 noon m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Premature birth
7 Mo. (Cause unknown)

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Frank Fuller, M. D.
(Address) Mexico, 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.