

REC'D MAR 17 1939

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

7287  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607  
(b) Township Portage Primary Registration District No. 4361  
(c) City Portageville (d) Street No. \_\_\_\_\_ Registered No. 13  
(e) Length of residence in city or town where death occurred yrs. 11 mos. 00 (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. James Edmund Schuty  
Portageville Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to Jan 17, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1842

I last saw him alive on Jan 21, 1939. Death is said to have occurred on the date stated above, at 12:15 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 96 2 4

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired farmer  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation lifetime

Thrombophlebitis of left foot leg Date of onset 12-28-38  
100

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo

Other contributory causes of importance: Gangrene (venic) of left foot 1-4-39

13. NAME Patrick Schuty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Mr J.C. Pinkley

18. BURIAL, CREMATION, OR REMOVAL PLACE Lepton Mo DATE Jan. 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. L. L. Funeral Home

20. FILED 1-22-1939 Mary W. Coate Local Registrar

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) John J. Killian, M. D. Portageville, Miss.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**