

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

Do not use this space.

26852

1. PLACE OF DEATH

County Cooper
Township Prairie Home
City Prairie Home (No.) St. Ward)

Registration District No. 224
Primary Registration District No. 6305

File No.
Registered No. 6
St. Ward)

2. FULL NAME Reda K. Schuster

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. / How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Prairie Home (STATE OR COUNTRY) Mo

10. NAME OF FATHER Leo Schuster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Katy Imhoff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Leo Schuster (Address) Prairie Home Mo

15. FILE NO. 75-28 REGISTRAR A. H. Muehle

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-4 1928

17. I HEREBY CERTIFY that I attended deceased from Aug 3 1928 to Aug 4 1928 that I last saw him alive on Aug 4 1928 and that death occurred, on the date stated above, at 1:59 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture
160 (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Lack of milk supply
by mother (duration) yrs. mos. Several ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. H. Muehle M. D. (Address) Prairie Home Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Pedron Cem. Aug 5 1928

20. UNDERTAKER C. Albert Hornbeck ADDRESS Prairie Home 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.

