APR 24 1933

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

Do not use this space.

10386

1. PLACE OF DEATH
County _Moniteau_
Township _Walker_
City _California_ (No. ____ St. ____ Ward)

Registration District No. _571_
Primary Registration District No. _4335_
File No. ____
Registered No. _24_

2. FULL NAME _John T. Schuster_

(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

3. SEX _M_
4. COLOR OR RACE _White_
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Married_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Jan 5 - 1873_

7. AGE YEARS _60_ MONTHS _2_ DAYS _8_ If LESS than 1 day, ____ hrs. or ____ min.

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

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) _Moniteau Co Mo_

FATHER
13. NAME _John Wm Schuster_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Germany_

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

17. INFORMANT (ADDRESS) _Mrs J T Schuster_
California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Salem Baptist Cem_ DATE _Mar 15_ 1933

19. UNDERTAKER (ADDRESS) _Williams & Friedmeyer California Mo_

20. FILED _Mar 14_ 1933 _J W Roth_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _3 - 13 - 1933_

22. I HEREBY CERTIFY, That I attended deceased from _3 - 13 - 1933_, to _3 - 13 - 1933_
I last saw him alive on _3 - 13 - 1933_ Death is said to have occurred on the date stated above, at _6-30_ m.

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

Fracture of the skull and wound in the right side of the neck self inflicted

Date of onset ____

Other contributory causes of importance:

Name of operation _none_ Date of ____
What test confirmed diagnosis? _Physical_ Was there an autopsy? _No_

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _Suicide_ Date of injury _3-13-1933_
Where did injury occur? _his home near Clevor Mo_
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _in home_
Manner of injury _Cut in neck & fract of skull_
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? _No_
If so, specify ____

(Signed) _H R Popejoy Coroner_ , M. D.
(Address) _California Mo._