

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.

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

Do not use this space.

AUG 12 1935

1. PLACE OF DEATH

County Buchanan,

Registration District No. 85

1001

File No. 22201

Township

Primary Registration District No. 757

Registered No. 757

City St. Joseph,

(No. 2926 Sacramento

St.        Ward       

2. FULL NAME Felix A. Schott,

(a) Residence, No. 2926 Sacramento St., Ward.         
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 9 mos. 7 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*)  
Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>51</u>	<u>9</u>	<u>7</u>		

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

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc. Furniture & Auction

10. Date deceased last worked at  
this occupation (month and  
year) Jul 1935

11. Total time (years)  
spent in this  
occupation. 20

12. BIRTHPLACE (CITY OR TOWN) Saint Joseph,  
(STATE OR COUNTRY) Missouri,

13. NAME William H. Schott,

14. BIRTHPLACE (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Germany,

15. MAIDEN NAME Anna Kneib,

16. BIRTHPLACE (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Germany,

17. INFORMANT Edmund L. Schott  
(ADDRESS) 2926 Sacramento Street,

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Olivet Cem. DATE July 18, 1935

19. UNDERTAKER Heaton-Bell & Co. 1 Beaumont  
(ADDRESS) 319 So. 10th. St. Funeral Home

20. FILED 757 19 35 John H. Bender  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th, 1935

22. I HEREBY CERTIFY, That I attended deceased from  
Oct. 19, 1933 to July 15, 1935

I last saw him alive on July 13, 1935. Death is said  
to have occurred on the date stated above, at 5:48 p.m.

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

Carcinoma of  
Stomach - Secondary  
to ulcer of Stomach  
1934

Other contributory causes of importance:  
General metastases  
from Cancer of Stomach  
1934

Name of operation Gastric Resection (ulcer) Date of Jan 1935  
What test confirmed diagnosis? Path. Study Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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 none  
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify       

(Signed) J. H. Thompson Jr. M. D.  
(Address) 825 Charles St. St. Joseph, Mo.

