

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Yavapai State Arizona State File No. 559
 District or Township Prescott or Village _____ Registered No. 61-C
 City Prescott No. Mercy Hospital St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Walter Schulz
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident, 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. Single
 (Write the word)

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day and year) April 16-1900

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
27 10 11

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Salesman
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (city or town) St. Louis
 (State or country) Missouri

PARENTS

10. NAME OF FATHER August Schulz

11. BIRTHPLACE OF FATHER St. Louis
 (city or town) Missouri
 (State or country)

12. MAIDEN NAME OF MOTHER Hannah Dippel

13. BIRTHPLACE OF MOTHER St. Louis
 (city or town) Missouri
 (State or country)

14. Informant Mrs. Hannah Schulz.
 (Address) St. Louis Missouri

15. Filed Mar 1 Hannah Schulz

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Feb 27 19 28
 Month Day Year

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 19 28 to Feb 27, 19 28,
 that I last saw him alive on Feb 27, 19 28
 and that death occurred, on the date stated above, at 4:30 A M.
 The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
 (duration) yrs. mos. ds.

18. Where was disease contracted? _____
 If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? Yes Chest Examination

What test confirmed diagnosis? _____

(Signed) R. B. McRally, M. D.
Feb. 27 19 28 (Address) Prescott, Ariz

* 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. (See reverse side for additional space).

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

St. Louis Missouri 2-27-28

20. UNDERTAKER ADDRESS

Lester Ruffner, Prescott

Arizona

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.