

STATE OF WISCONSIN DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS  
COPY OF DEATH RECORD OF

Rock County Courthouse, 51 S. Main, Janesville, WI 53545

Registered No. 24906

JAMES HENRY SCHULTZ

TRANSCRIBED

1. Place of death: County: Rock Township: Johnstown
2. Full Name: James Henry Schultz
- 2a. Residence: No. 51-14<sup>th</sup> St. Ward: Fondulac  
Did deceased serve in the military or naval forces of the United States? No
3. Sex: Male
4. Color/Race: White
5. Single, Married, Widowed, Divorced: Single
6. Date of Birth: Nov. 8, 1920
7. Age: Years: 18 Months: 6 Days: 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ----
10. Date deceased last worked at this occupation: ----
11. Total time (years) spent in this occupation: ----
12. Birthplace (city/town) (state/country): Eau Claire, Wis.
13. Name of Father: Henry Schultz
14. Birthplace of Father: Milton, Wis.
15. Maiden Name of Mother: Aimer Eckert
16. Birthplace of Mother: Menomee, Wis.
17. Informant Name and Address: Henry Schultz, Fond du Lac, Wis.
18. Burial, Cremation, or Removal: Burial Place: Milton, Wis. Date: May 15, 1939
19. Funeral Director Name & Address: Whaley & Overton, Janesville, Wis.
20. Filed: May 31, 1939 H.C. Hugrenen, Registrar  
Filed: May 15, 1929 Fred B. Welch, Sub-Registrar
21. Date of Death: May 12, 1939
22. I last saw him alive on May 12, 1939; death is said to have occurred on the date stated above, at 10:48 a.m. The principle cause of death and related causes of importance in order of onset were as follows: Skull Fracture Date of Onset: May 12, 1939
23. If death was due to external cause (violence) fill in also the following:  
Accident, suicide, or homicide: accident  
Date of injury: May 12, 1939  
Where did injury occur: Town of Johnstown, Rock Co., Wis.  
Specify whether injury occurred in industry, in home, or in public place: Country Trunk M  
Manner of injury: Auto and Cycle Collision Nature of injury: Skull Fracture
24. Was disease or injury in any way related to occupation of deceased: No  
Signed: M. D. Davis, M.D. Address: Milton, Wis.