

"UNCERTIFIED - NOT VALID FOR IDENTIFICATION PURPOSES"

PLACE OF DEATH STATE OF WISCONSIN

Department of Health - Bureau of Vital Statistics

County of Agaupee

Township of St. Washington

Village of _____

City of St. Washington (No. - Chestnut)

COPY OF DEATH RECORD

Page No. 457
(To be filled out by the register of deeds)

St. 3rd Ward

(If an infant not named give family name) FULL NAME Henry Schulz

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH August 17 1831
(Month) (Day) (Year)

AGE 78 years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Prussia

NAME OF FATHER Schulz

BIRTHPLACE OF FATHER (State or country) Prussia

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (State or country) Prussia

OCCUPATION retired farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) August Puschel

(Address) St. Washington

Filed March 8 1910 M. H. Hartung

Local Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 13 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 13 1910 to Feb 13 1910
that I last saw him alive on Feb 13 1910
and that death occurred, on the date stated above, at 7:30

P. M. The CAUSE OF DEATH was as follows: Cardiac exhaustion due to general anasarca

(Duration) 17 yrs days

Contributory degeneration of arteries (Duration) _____ days

(Signed) M. H. Hartung M. D.

Feb 14 1910 (Address) St. Washington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Resort Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL St. Washington DATE OF BURIAL Feb 16 1910

UNDERTAKER Geo B. Howe ADDRESS St. Washington

X

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

This form of certificate is to be used only by LOCAL REGISTRARS for reporting to the REGISTER OF DEEDS. Send this certificate to the REGISTER OF DEEDS when the monthly report is mailed to the state office. DO NOT distribute these blanks to undertakers or other persons required to report deaths to you.