WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 PLACE OF DEATH.

County Cornell

Township Osborn

Inc. Town ____

City Eureka Springs

STATE OF ARKANSAS

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1919 49

Registration District No. 68 SEP File No. 52

Primary Registration District No. 2037 Registered No. ____

(No. Mill St.; 3 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME Harry W Schuster

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	white	Single

6. DATE OF BIRTH: Dec 5, 1882 (Month, Day, Year)

7. AGE: 37 yrs. 10 mos. 10 ds. If LESS than 1 day, ____ hrs. or ____ min?

8. OCCUPATION
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): ____

9. BIRTHPLACE (State or Country): Eureka Springs

PARENTS

10. NAME OF FATHER: J A Schuster
11. BIRTHPLACE OF FATHER (State or Country): Germany
12. MAIDEN NAME OF MOTHER: Mundy
13. BIRTHPLACE OF MOTHER (State or Country): Ark.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B H Schuster

(Address) Eureka Springs

15. Filed, Oct 15 1919 G W Arbuckle Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 14th, 1919 (Month, Day, Year)

17 I HEREBY CERTIFY That I attended the deceased from Oct. 12, 1919, to Oct. 14, 1919, that I last saw h[illegible] alive on Oct. 14 1919, and that death occurred on the date stated above, at [illegible] m.

The CAUSE OF DEATH * was as follows:

Probably result of Cerebral Paralysis

Duration 10 yrs. ____ mos. ____ ds.

Contributory SECONDARY ____

Duration ____ yrs. ____ mos. ____ ds.

Signed Chas T Johnson, M. D.

Oct 15 1919 Address Eureka Springs

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At Place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

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

Former or usual residence ____ Burial

19. PLACE OF BURIAL OR REMOVAL	DATE OF REMOVAL
Mt Olive Ark	Oct 16, 1919
20. UNDERTAKER	**ADDRESS**
Blankenship Newton	Eureka Spgs

Form V. S. No. 5—100m—10-3-18.