STATE OF WISCONSIN--DEPARTMENT OF HEALTH & SOCIAL SERVICES--DIVISION OF HEALTH ORIGINAL CERTIFICATE OF DEATH

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545 Volume 125 (61651-62150) State Death No. 62069

HENRY H. SCHULTZ

TRANSCRIBED

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1. Deceased Name: Henry H. Schultz
2. Sex: Male
3. Date of Death: June 25, 1974
4. Race: White
                                                                c) Days: 24
5. Age at Last Birthday: a) Years: 82 b) Months: 9
6. Date of Birth: Sept. 1, 1891
7. a) County of Death: Rock b) Name of City or Village: Janesville
   c) Inside City or Village Limits? Yes d) Hospital or Other Institution Name: Mercy Hospital
8. State of Birth: Wisc.
9. Citizen of What Country: <u>U.S.A.</u>
10. Single, Married, Widowed, Divorced: Widowed
11. Surviving Spouse: Deceased
12. Social Security Number: 468-07-8924
13. a) Usual Occupation: Line Man
                                        b) Kind of Business or Industry: Telephone Co.
                                        b) County: Rock c) Name of City or Village: Milton
14. a) Residence-State: Wisc.
    d) Inside City or Village Limits: Yes
    e) Mailing Address (Home Address at Time of Death): 974 E. High St.
15. Father's Name: Herman Schultz
16. Mother-Maiden Name: Augusta Bentz
17. a) Informant-Name: Mrs. Joe DePorter b) Mailing Address: 925 E. High St., Milton, WI 53563
    c) Was Deceased Ever in United States Armed Forces? Yes—WWI
18. Part I: Death Was Caused By:
    a) Immediate Cause: Aribnovascular (sp?) Accident, Rt. Hemipligia (sp?);
        Approximate Interval Between Onset & Death: 3 days.
    b) Due To, or as a Consequence of: Hypertensive Cardiovascular Disease;
        Approximate Interval Between Onset & Death: 1 Year.
    Part II: Other Significant Conditions: Diabetes Millitus
19. a) Autopsy? No b) Were Findings Considered in Determining Cause of Death? -----
20. -----
21. Certification – Physician
    a) I Attended the Deceased From 7/2/71 to b) June 25, 1974, c) and Last Saw Him Alive on June 25, 1974
    d) Did you View the Body after Death: No
                                                        e) Death Occurred at 8:14 p.m.
22. -----
23. a) Certifier Name: H.L. Burdick, M.D.
                                                        c) Date Signed: 6/30/74
    d) Mailing Address-Certifier: 655 College St., Milton, WI 53563
24. a) Burial, Cremation, Removal: Burial
    b) Cemetery or CrematoryName: Milton Cemetery c) Location: Milton, Wisc.
    d) Burial Date: June 29, 1974
25. a) Funeral Home & Address: Albrecht, 133 First St., Milton, Wisc., 53564
    b) Funeral Director Signature: Robert J. Albrecht
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26. a) Registrar's Signature: Emmett W. Murphy b) Date Received by Local Registrar: July 3, 1974