

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

20287

**1. PLACE OF DEATH**

County Jackson  
Township Kan  
City Kansas City (No. St. Mary's Hospital)

Registration District No. 803  
Primary Registration District No. 1899-3

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2718 Jackson St. Ward. Joplin Mo.  
(Usual place of abode) (Nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 weeks 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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Birdie Schmulbach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
46 5 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Miner  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER John Schmulbach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah A Roundtree

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

14. INFORMANT Birdie Schmulbach  
(Address) Joplin Mo.

15. FILED 7/1 124 M. M. Craue  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1924

17. I HEREBY CERTIFY, That I attended deceased from June 29 1924, to June 30, 1924 that I last saw alive on June 30, 1924, and that death occurred, on the date stated above, at 12:15 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Uraemia  
1200 (duration) yrs. mos. 4 ds.

CONTRIBUTORY Chronic nephritis  
(SECONDARY) ? (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? No

WHAT TEST CONFIRMED DIAGNOSIS? Hemagglutination  
(Signed) Frank J. Hall M. D.  
7/1, 1924 (Address) 550 9th Robinson Bldg.

\*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 Joplin Mo. DATE OF BURIAL 7/1 1924

20. UNDERTAKER The Freeman Mortuary ADDRESS 3146 Main St.

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.

WRITE PLAINLY, WITH OBTAINING THE

