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

Do not use this space.

17610

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 651

City St. Joseph. (No. Missouri Methodist Hospital. St. Ward)

2. FULL NAME Mary Ellen Schmitt.

(a) Residence. No. St., Ward. Savannah Missouri
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1927.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, 4 hrs. or 0 min.
0	0	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph. (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER George Schmitt.

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

12. MAIDEN NAME OF MOTHER Mary Bowman.

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

14. INFORMANT George Schmitt. (Address) Savannah Missouri.

15. FILED JUN 23 1927, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1927, to July 22, 1927, that I last saw her alive on July 22, 1927, and that death occurred, on the date stated above, at 4:30 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature birth lived four (4) hours

159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 161 (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?

(Signed) W. T. Elam, M. D

6/24, 1927 (Address) St Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Savannah Missouri.

DATE OF BURIAL: June 24 1927

20. UNDERTAKER: H. O. Sidenfaden

ADDRESS: 1802 Union St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state ... be carefully supplied.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.
County: Buchanan — Registration District No.: 85 — File No.: 17610
Township: — Primary Registration District No.: 1004 — Registered No.: 651
City: St Joseph (No.: No. Methodist Hosp. St.: Ward:)

2. FULL NAME: Mary Ellen Schmitt
(a) Residence. No.: St.: Ward: Savannah Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 22 - 1927
7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, 4 hrs. or min.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 22 1927
17. I HEREBY CERTIFY, That I attended deceased from June 22, 1927, to June 22, 1927, that I last saw h. alive on June 22, 1927, and that death occurred, on the date stated above, at 4:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
(duration) mos. ds.
(duration) yrs. mos. ds.
TRACTED
ATH? DATE OF
IS?
, M. D
DEATH, or in deaths from VIOLENT CAUSES, state URY, and (2) whether ACCIDENTAL, SUICIDAL, or

This date of death is June
the date of attendance was
written July. please correct
and return

INFORMANT
(Address)
15. Filed Sep 18, 1927 John Ditz REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19
20. UNDERTAKER — ADDRESS

S-17610