

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

Do not use this space.

5740

1. PLACE OF DEATH

County... *Cape Girardeau* Registration District No. *125*
Township... *Southwest Mo. H. 67* Primary Registration District No. *3009*
City... *Cape Girardeau Mo* (No. *S. E. Mo. Hosp. Tal*) St. _____ Ward _____

File No. _____
Registered No. *54*
St. _____ Ward _____

2. FULL NAME *Schmitt, Mrs. John*

(a) Residence. No. *Chaffa Mo. R.F.D. 11* St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. *10* ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *Caucasian* 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) *Oct 12 - 1875*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<i>52</i>	<i>4</i>	<i>14</i>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Timberman*
(b) General nature of industry, business, or establishment in which employed (or employer). *Buyer*
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) *New Hamburg*
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Schmitt, Mr. Rudolph*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) *Germany*
12. MAIDEN NAME OF MOTHER *Weber, Matrine*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) *Germany*

14. INFORMANT *Joe Schmitt*
(Address) *Chaffa Mo*

15. FILED *2/27 1929* *W. K. Kueppel* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *2 - 26 - 1929*

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to *2 - 26*, 19*29*.
That I last saw him alive on *2 - 26*, 19*29*, and that death occurred, on the date stated above, at *9:45* P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23
753 (duration) *4* yrs. mos. ds.
CONTRIBUTORY (SECONDARY) *Alcoholism*
(duration) *2* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *Chaffa, Mo*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF _____

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS *Symptoms & history*
(Signed) *E. P. Schmitt*, M. D.

2/27, 19*29* (Address) *Cape Girardeau, 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

New Hamburg Mo 2/27 1929
20. UNDERTAKER *W. K. Kueppel* ADDRESS *536 W. 1st*

MAR 21 1929
 PHYSICIANS should state exact statement of OCCUPATION in plain terms, so that it may be properly classified.
 Every item of information should be carefully supplied.
 CAUSE OF DEATH in plain terms, so that it may be properly classified.

