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.

PR 25 1929

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

Do not use this space.

11382

1. PLACE OF DEATH
County: Lawrence
Township: Spring River
City: (No. ..... St. ..... Ward)
Registration District No.: 475
Primary Registration District No.: 5639
File No.: 5
Registered No.: 14

2. FULL NAME: John Schirmer
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. 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: Ballay
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 16 1851
7. AGE: Years 78 | Months 0 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio
PARENTS
10. NAME OF FATHER: John Schirmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Annie Master
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
14. INFORMANT (Address): John Schirmer Jr Mount Mo R D
15. FILED 3/20, 1929 J Will Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/19 1929
17. I HEREBY CERTIFY, That I attended deceased from 3/1, 1929, to 3/19, 1929 that I last saw him alive on 3/19/29, 19..., and that death occurred, on the date stated above, at 5 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Valvular Heart disease
9LA 162 90W
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Senality
(duration) 1 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J Will Smith M. D
3/20, 1929 (Address) Verona 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: Mt Calvary
DATE OF BURIAL: Mch 21 1929
20. UNDERTAKER: Wm Wessell Jr Pierce City Mo
ADDRESS

1 2 2 2