

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

Do not use this space.

Zouren T
File No. 22241
Registered No. 202
St. _____ Ward _____

1. PLACE OF DEATH

County Petta Registration District No. 668
Township Sedalia Primary Registration District No. 922
City Sedalia (No. 1503 W 20)

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(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) New York State

10. NAME OF FATHER Henry Schmidt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York State

12. MAIDEN NAME OF MOTHER Maria Schmidt

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

14. INFORMANT Mrs. John Schmidt (Address) Sedalia, Mo

15. FILED 7-24-29 J. L. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1929

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1929 to June 27, 1929, that I last saw him alive on June 27, 1929, and that death occurred, on the date stated above, at 2:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage of throat following tonsillectomy
(duration) _____ yrs. mos. ds.
CONTRIBUTORY arteriosclerosis
(SECONDARY) about 5
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 115R
IF NOT AT PLACE OF DEATH 97

DID AN OPERATION PRECEDE DEATH? NO DATE OF 10 30
WAS HERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Charles D. Holbeck

July 23, 1929, (Address) 412 1/2 W 20 Sedalia
*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 Loma 2nd DATE OF BURIAL July 3 1929

20. UNDERTAKER Filippine Sedalia

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.

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