

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

Do not use this space.

27859

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Wassasaw

Primary Registration District No. 6292

City East

File No. 3551

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward) \_\_\_\_\_

**2. FULL NAME**

Willie Mae M. Schmidt

(a) Residence. No. 916 62nd St. 8 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F

4. COLOR OR RACE wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1929

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

I HEREBY CERTIFY, That I attended deceased from Jan 1 1928 to Aug 8 1929 that I last saw her alive on Aug 16 1929 and that death occurred, on the date stated above, at 11 a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 24 1870

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE

YEARS 59

MONTHS 3

DAYS 24

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Pulmonary Tuberculosis  
73 A

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

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

(c) Name of employer \_\_\_\_\_

(duration) 18 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) Campbellsville

(STATE OR COUNTRY) Ky.

12. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

13. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS History & Inspection

(Signed) D. Blom Hayden M. D.

1929 (Address) 1506 Pacific St.

\*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.

14. INFORMANT Charles E. Schmidt

(Address) 916 2nd St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Int Monash

DATE OF BURIAL Aug 20 1929

15. FILED 8/19 1929

M. M. Crowe

REGISTRAR

20. UNDERTAKER D. W. Newcomer's Sons

ADDRESS \_\_\_\_\_

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.

232  
2

WHILE PLACING, WITH OBTAINING THIS

9.