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.

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

Do not use this space.

29873

1. PLACE OF DEATH

County: Vernon — Registration District No. 875 — File No.

Township: — Primary Registration District No. 6162 — Registered No. 201

City: Nevada (No. ..... St. ..... Ward)

2. FULL NAME Stella Schmidt

(a) Residence. No. St Hospital #3 St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D.R., 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	42			

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) unknown
(STATE OR COUNTRY) Bates Co. Mo

PARENTS

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT State Hospital Recorder
(Address) Nevada Mo

15. FILED 9-4, 1929 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1st ~~1929~~, 1929, to Aug 1, 1929 that I last saw her alive on Aug 1, 1929, and that death occurred, on the date stated above, at 2:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
1010
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chr. interstitial nephritis
(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? Physical findings
(Signed) H. S. Martin, M.D.
8-2, 1929 (Address) Nevada 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: Hospital Cemet — DATE OF BURIAL: 8/5/1929

20. UNDERTAKER: Ferry Funeral Home — ADDRESS: Nevada