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

Do not use this space.

19374

File No. 2364

Registered No. 2364

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City K. C. Mo. (No. 2931 Garfield Ave. St. ..... Ward)

2. FULL NAME Amelia Schmidt

(a) Residence. No. 2931 Garfield St., 4 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. 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)
Fe	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-23-1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	9	21	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Fred Bennerman

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

12. MAIDEN NAME OF MOTHER Margaretha Nuh

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

14. INFORMANT Frank Schmidt
(Address) 2931 Garfield, Ave

15. FILED 6/4, 1930 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-4 1930

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1930, to June 3, 1930 that I last saw her alive on June 3, 1930, and that death occurred, on the date stated above, at 7:30 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis (Glomerulo-nephritis) chronic (or Parenchymatous nephritis chronic)

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(duration) at least 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

12 PM

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Alma, Kansas

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Only laboratory findings

(Signed) G. Hume, M. D.

Jr 4, 1930 (Address) 1000 Rialto Bldg

*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	DATE OF BURIAL
Alma, Kans	6-5-1930
20. UNDERTAKER	ADDRESS
Mrs. C. L. Forster	K. C. Mo.

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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1000 Rialto Vi. 3975
3719 Penn We - 1970
Va. 7134