

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

Do not use this space.

20201

**1. PLACE OF DEATH**

County Greene Registration District No. 1-1-1  
 Township Benton Primary Registration District No. 1-1-1  
 City Chamais (No. 1-1-1) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Chas. Schwerdt

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie Paulsmeyer  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9, 1859  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 10 13  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession; or particular kind of work Retired 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) Germany

**PARENTS**

10. NAME OF FATHER Louis Schwerdt  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Fredericka Koertner  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT L. O. Kerst  
 (Address) Chamais, Mo.

15. FILED 7/11 1930 Esther Sander  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1929 to June 12, 1930  
 that I last saw him alive on June 18th, 1930, and that death occurred, on the date stated above, at 5:05 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetes Mellitus, uremic coma  
& uremic poisoning renal  
urea  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY never could diet himself  
 (SECONDARY) properly  
1 year (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 59  
 IF NOT AT PLACE OF DEATH 1328  
 DID AN OPERATION PRECEDE DEATH? DATE OF 1528  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Dr. F. E. Bessinger M. D.  
 19 \_\_\_\_\_ (Address) Chamais 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 DATE OF BURIAL  
Ev. Cemetery, Chamais, Mo. 6/24 1930

20. UNDERTAKER ADDRESS  
F. A. Engelage Chamais, 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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

