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

Do not use this space.

22484

1. PLACE OF DEATH

County: Franklin — Registration District No.: 297 — File No.:

Township: ~~Washington~~ — Primary Registration District No.: 3216 — Registered No.: 67

City: Washington (No. ..., St. ..., Ward)

2. FULL NAME: Dora Schmitt

(a) Residence. No.: 7 Elm Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 26 1930

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.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: George Schmitt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 6, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	4	4	

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): Japan
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Louis Strothkamp
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Not known

14. INFORMANT: Frank Schmitt
(Address): Washington, Mo.

15. July 12 1930 O. L. Mund REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to July 10, 1930, that I last saw h~~er~~ alive on July 10, 1930, and that death occurred, on the date stated above, at 7:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
936
191 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Heat prostration (duration) yrs. mos. 1 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?

(Signed) Francis G. Mays, M. D.
July 12, 1930 (Address) Washington 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
Catholic Cemetery Washington, Mo.	7/14 1930
20. UNDERTAKER	**ADDRESS**
Otto & Co.,	Washington, Mo.