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

Do not use this space.

22574

File No. 561

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield (No. Baptist Hospital St. Ward)

2. FULL NAME Pearl Schmidt

(a) Residence. No. Billings, Mo 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: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Mann

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 10-1908

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
21	10	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(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): Green Co. Mo

PARENTS

10. NAME OF FATHER: M L Haynwood

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

12. MAIDEN NAME OF MOTHER: Lillie Sparks

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

14. INFORMANT: Mrs W M Schmidt
(Address) Billings Mo.

15. FILED 7/20, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): July 20 1930

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1930, to July 20, 1930 that I last saw her alive on on July 20, 1930, and that death occurred, on the date stated above, at 10:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Genl Infusis
54B (Type undetermined)
36

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Degenerated Fibroid Uterus

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Billings-Mo.

DID AN OPERATION PRECEDE DEATH? yrs DATE OF July 16-30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lab Test

(Signed) Wilbur Smith, M. D.

7-20, 1930 (Address) Springfield 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: Wade Chapel — DATE OF BURIAL: 7/21 1930

20. UNDERTAKER: A S Wallace — ADDRESS: Billings Mo

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.

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