

NOV 21 1930

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

Do not use this space.

32283

1. PLACE OF DEATH

County Cape Girardeau  
Township " "  
City " " (No. 4)

Registration District No. 125  
Primary Registration District No. 3009  
of Spring

File No. \_\_\_\_\_  
Registered No. 526  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Jahn Schmidt

(a) Residence No. 4 Spring St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Minnie Schmidt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 0 11

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Blacksmith  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Wittenburg Wm, Germany  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm, Schmidt

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

12. MAIDEN NAME OF MOTHER Dont Radlo

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

14. INFORMANT Minnie Schmidt  
(Address) Cape Girardeau Mo

15. FILED 10/30 19 30 Wm Campbell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept \_\_\_\_\_, 1930, to Oct 19 \_\_\_\_\_, 1930, that I last saw him alive on Oct 18 \_\_\_\_\_, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Valvular heart disease  
30A

(duration) 1 yrs. mos. da.  
CONTRIBUTORY Prostatic  
(SECONDARY)  
(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 9000

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Lab + Physical  
(Signed) J. W. Smith, M. D.  
, 19 (Address) Cape Girardeau 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 Lamier Cemetery DATE OF BURIAL Oct 21 1930

20. UNDERTAKER Loberg & Co ADDRESS Cape Girardeau 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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