

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

Do not use this space.

11204

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Sugar Creek Primary Registration District No. 5970
City (No.) (No.) St. Ward

File No. _____
Registered No. 67

2. FULL NAME Gertrude Schmidt

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 3rd / 1913</u>		
7. AGE	YEARS	MONTHS
	<u>17</u>	<u>3</u>
		<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>At Home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>		
13. NAME <u>Ignatius Schmidt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill 2</u>		
15. MAIDEN NAME <u>Elizabeth Steinkamp</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
17. INFORMANT <u>I. Schmidt</u> (ADDRESS) <u>RFD Moberly, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly Mo</u> DATE <u>4-1</u> 19 <u>31</u>		
19. UNDERTAKER <u>Mahan and Son</u> (ADDRESS) <u>Moberly Mo</u>		
20. FILED <u>April 8, 1931</u> <u>Thos J. Fleming</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Mar 30, 1931
I last saw her alive on Mar 30, 1931. Death is said to have occurred on the date stated above, at 4:25 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset 1929
131 / 131

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) D.A. Bannister, M. D.
(Address) Huntsville 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.

APR 25 1931

