

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

Do not use this space.

14664

1. PLACE OF DEATH

County Jefferson
Township Platte
City Desoto, Mo. (No. _____) St. _____ Ward _____

Registration District No. 421
Primary Registration District No. 55-76

File No. _____
Registered No. 41

2. FULL NAME Jacob J. Schmidt

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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 Pauline Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 / 1854

7. AGE YEARS 76 MONTHS 7 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co., Mo.

13. NAME Jacob Schmidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Catharina Blank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Pauline Schmidt
Desoto, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE 7/12 1931

19. UNDERTAKER (ADDRESS) Fink, Yank, Co.
Desoto, Mo.

20. FILED 4/12 1931 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10 1931

22. I HEREBY CERTIFY, That I attended deceased from 1930 to 4/10 1931

I last saw him alive on March 26 1931. Death is said to have occurred on the date stated above, at 5-a m.

The principal cause of death and related causes of importance were as follows:

Cancer of tongue 1930
with many cervical glands

Other contributory causes of importance: None

Name of operation Entire tongue removed Date of 1930

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 _____, 1931

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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. N. Farrer, M. D.
(Address) Desoto, 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. MAY 27 1931

