

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

Do not use this space.

21388

2521

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3917 Harrison)

Registration District No. 300
Primary Registration District No. 1000

File No.
Registered No.
St. Ward)

2. FULL NAME Julia Schmidt

(a) Residence. No. 3917 Harrison St. 6 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. da.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter J. Schmidt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 3 26

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) Tipton
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Henry Becker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Margaret Bestgan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT E. J. Schmidt
(Address) 3549 Paseo

15. FILED He 19 31 Wm Crowl REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1931

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to June 5, 1931 that I last saw h. or a. alive on June 5, 1931, and that death occurred, on the date stated above, at 1:25 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis Acute
91A
952
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) acute cardiac dilatation
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Otto H. Hoffman, M. D.
6-5 .19 31 (Address) 806 Rialto Bldg

*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 St Marys Cemetery June 8 - 1931
20. UNDERTAKER ADDRESS Wagner Funeral Home 204 W. Linwood

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.

