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

Do not use this space.

39284

File No. .....

Registered No. 11464

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 4349a College St. ..... Ward)

2. FULL NAME Harry B. Schmidt

(a) Residence, No. 4349a College St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	1	15	

OCCUPATION

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

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) St Genevieve Mo

FATHER

13. NAME Henry Schmidt

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

MOTHER

15. MAIDEN NAME Amelia Lawrence

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

17. INFORMANT Clara A Schmidt
(ADDRESS) 4349a College

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 11/17 1931

19. UNDERTAKER W. A. Stock and Co
(ADDRESS) 2417 Grand

20. FILED NOV 15 1931 Clar E Tarden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 13th 1931, to Nov 13th 1931

I last saw him alive on Nov 13th 1931. Death is said to have occurred on the date stated above, at 10 A.M.

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

	Date of onset
Carcinoma of Larynx and Stomach 146 B	1930
Primary seat unknown 47 B	
Other contributory causes of importance: 118 B	
CHRONIC	
Name of operation Gastrointerostomy Date of	
What test confirmed diagnosis? Surgical 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) Goldburn H Vickers, M. D.
(Address) 4105 W. Stannard Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

8-5-1912

Heart

Ray H. Schmidt