

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.

961 25 1932

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

Do not use this space.

28828

1. PLACE OF DEATH  
 27 County Cooper Registration District No. 218  
 2 Township \_\_\_\_\_ Primary Registration District No. 3015  
 4 City Boonville (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maximilian E. 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.

File No. \_\_\_\_\_  
 Registered No. 95  
 \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

|   |  |   |   |  |
|---|--|---|---|--|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> )<br><u>Married.</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Louise Schmidt.</u>  |  |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19<sup>th</sup> 1865</u>   |  |   |   |  |
| 7. AGE  | YEARS  | MONTHS  | DAYS  | If LESS than 1 day, _____ hrs. or _____ min. |
|   | <u>67</u>  | <u>5</u>  | <u>1</u>  |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Jeweler. 40</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) _____  |   | 11. Total time (years) spent in this occupation _____ |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peru Ill. 2</u>   |  |   |   |  |
| FATHER  | 13. NAME <u>Albin Schmidt.</u>   |   |   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany. 10</u>  |   |   |  |
| MOTHER  | 15. MAIDEN NAME <u>Caroline Conrad.</u>  |   |   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany.</u>   |   |   |  |
| 17. INFORMANT <u>Albin Schmidt.</u><br>(ADDRESS) <u>Boonville Mo.</u>   |  |   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Boonville Mo.</u><br>PLACE <u>Walnut Grove CEm.</u> DATE <u>Sept. 22<sup>nd</sup> 1932</u> |  |   |   |  |
| 19. UNDERTAKER <u>Goodman &amp; Boller.</u><br>(ADDRESS) <u>Boonville Mo.</u>   |  |   |   |  |
| 20. FILED <u>Sept 23 1932</u> <u>Ja Russell.</u><br>Registrar.  |  |   |   |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from February 25<sup>th</sup> 1932 to Sept. 20<sup>th</sup> 1932  
 I last saw him alive on Sept 20<sup>th</sup> 1932 Death is said to have occurred on the date stated above, at 6:14 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Garcinoma of Large Intestine (Sigmoid) Date of onset February 1932  
460  
1230  
 Other contributory causes of importance:  
Basal ganglia of Intestine. ①  
 Name of operation Laparotomy Date of Sept 13-1932  
 What test confirmed diagnosis? Surgery 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) A. B. Custer, M. D.  
 (Address) Boonville, Missouri

