

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

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.

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

Do not use this space.

32543

1. PLACE OF DEATH  
 County Jackson Registration District No. 389  
 Township How Primary Registration District No. 1001  
 City Kansas City (No. Trinity Lutheran Hospital) Registered No. 4074 Ward 4

2. FULL NAME Schmidt = Marij Thelma  
 (a) Residence, No. 4915 Brookwood Road St. 15 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 Female 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 Fred J. Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 3 - 1899

7. AGE YEARS 33 MONTHS 9 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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) Kansas City Missouri

FATHER  
 13. NAME James J. Cahill  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER  
 15. MAIDEN NAME Kranus M. Long's  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Michigan 21

17. INFORMANT Fred J. Schmidt  
 (ADDRESS) 4915 Brookwood Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dalway Cemetery DATE November 2 1932

19. UNDERTAKER John J. Sheehan  
 (ADDRESS) Kansas City Missouri

20. FILED 10/31 1932 M. M. Crowe  
Asst. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1932 to Oct 30 1932  
 I last saw him alive on Oct 30 1932. Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Solar Pneumonia  
108 10 10  
 (1)  
 Other contributory causes of importance:  
No medical or surgical evidence

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Post mortem Was there an autopsy? yes

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) Orskan Johnson, M. D.  
 (Address) 806 DeWitt Bldg.

Dear Cora  
Fr  
Marie Schmidt