

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

Do not use this space.

35128

1. PLACE OF DEATH

County Clay Registration District No. 198
 Township Fishing River Primary Registration District No. 3011
 City Excelsior Springs, Mo. (No. Veterans Administration Hospital) St. 3d Ward)

File No. _____
 Registered No. 143

2. FULL NAME Herbert Schmidt

(a) Residence, No. Veterans Administration Hospital, Ward. Gray Summit, Mo.
 (Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Jewell Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 8 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Cobbler
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 89
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation. Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri !

13. NAME John Schmidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Elizabeth A. Ekey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

17. INFORMANT Hospital Records
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Union, Mo. DATE 11-21 1932

19. UNDERTAKER John C. Prather
 (ADDRESS) Excelsior Springs, Mo.

20. FILED Nov. 20 1932 J. C. Prather Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1932, to Nov. 19 1932

I last saw him alive on Nov. 19 1932. Death is said

to have occurred on the date stated above, at 10:20 PM

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

Nephrosis, acute

Date of onset

Other contributory causes of importance:

Myocardial failure
Hypertension, severe

Name of operation None Date of _____

(What test confirmed diagnosis? Physical Exam. 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? (1)

If so, specify Unknown

(Signed) Garrett V. Johnson, M. D.

(Address) Excelsior Springs, 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.

JAN

1932
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 22
 4

