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. 35899

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. 4409
Township Kaw — Primary Registration District No. ..... — Registered No. .....
City Kansas City (No. 3514 Indiana St. ..... Ward)

2. FULL NAME Franz C. Schmidt
(a) Residence, No. 3514 Indiana St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. 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 Ida Schmidt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11, 1865
7. AGE YEARS 67 MONTHS 9 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator 93A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 223 97
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 10

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

FATHER
13. NAME Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Ida Schmidt 3514 Indiana
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cemetery DATE Nov 23 1932
19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood
20. FILED 11/23 1932 M M Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 32, 19
22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 19..., to ....., 19...
I last saw him alive on Nov 21, 32, 6 PM. Death is said to have occurred on the date stated above, at 10:45 P.m.
The principal cause of death and related causes of importance were as follows:
acute myocarditis
Date of onset
Other contributory causes of importance:
Hypertension
Arteriosclerosis
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Joseph C. Fiesch, M. D.
(Address) 708-11 Argyle Kenn