

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.

3285

## 1. PLACE OF DEATH

County..... Registration District No.....

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

City..... (No)..... Sanitarium

File No.....

Registered No. 173

St..... Ward)

## 2. FULL NAME

(a) Residence, No. 1023 St. 11<sup>th</sup> St. 13 Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 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) Single

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 2 marry Work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
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) Grafton Illinois

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Missouri

17. INFORMANT S.A. Schmiesing 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 7<sup>th</sup> 1933

19. UNDERTAKER Aug Brockland & Co 217 N. 9<sup>th</sup> St.

20. FILED JAN - 6 1923 May 2 Start in Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931, to Jan 5, 1933

I last saw him alive on Jan 5, 1933 Death is said

to have occurred on the date stated above, at 5:30 a.m.

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

Other contributory causes of importance:

acute Myocardial Failure 1/5/33

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) Clifford A. Schmiesing, M. D.

(Address) 5400 Arsenal

