

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

Do not use this space.

8326

MAR 6 1933

1. PLACE OF DEATH

112 County Webster
Township Dallas
City (No.) St. Ward

Registration District No. 898
Primary Registration District No. 6204

File No.
Registered No. 2 St. Ward

2. FULL NAME

August F. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 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) July 6 - 1861

7. AGE YEARS 71 MONTHS 7 DAY 27 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Mrs. Irene J. Jellison (ADDRESS) Fordland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee Cemetery DATE Feb - 4 - 1933

19. UNDERTAKER Ed. Steyer & Son (ADDRESS) Fordland, Mo.

20. FILED Feb 4, 1933 John W. Good Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 7 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw him alive on 1 - 22 - 1933 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows: mitral regurgitation Date of onset 12/17/31

Other contributory causes of importance: Rheumatism

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? 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) W. O. H. Williams, M. D.
(Address) Fordland, Mo.

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.

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