

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

Do not use this space.

**1. PLACE OF DEATH**

County Boone  
Township Columbia  
City Columbia

Registration District No. 73  
Primary Registration District No. 3086  
(No. Boone Co. Hospital)

File No. 15713  
Registered No. 117  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lusy May Schmitt  
(a) Residence, No. OR F 203 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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) 1894 May 13  
7. AGE YEARS MONTHS DAYS 09 0 11 LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.

13. NAME Friedrich Schmitt

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

15. MAIDEN NAME Mary Schmitt

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

17. INFORMANT Mrs. M. E. Fowler (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE May 26, 1933

19. UNDERTAKER Parker Furniture Co. (ADDRESS) Columbia, Mo.

20. FILED 57257 1933 Allie Selby Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to May 24, 1933.  
I last saw him alive on May 24, 1933. Death is said to have occurred on the date stated above, at 108 m.  
The principal cause of death and related causes of importance were as follows:

Captured Appendix Perforation  
Cycolite  
1207  
121  
Other contributory causes of importance: perforation

Name of operation Appendectomy Date of May 23  
What test confirmed diagnosis? operation 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) Stephan D. Siegel, M. D.  
(Address) Columbia 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.

JUN 20 1933

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