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.

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

Do not use this space.

19810

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City — (No. General Hospital St. 2525 Ward)

File No.
Registered No.

2. FULL NAME Leo J. Schmidt
(a) Residence, No. 4927 So Benton St., 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ MRS. ANNA SCHMIDT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-15-1884

7. AGE: YEARS 49 — MONTHS 2 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) FORTUNA (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME JOSEPH A. SCHMIDT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME HELENA SCHMIDT
16. BIRTHPLACE (CITY OR TOWN) TIPTON (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS. ANNA SCHMIDT (ADDRESS) 4927 SOUTH BENTON

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JUNE-17 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED 6-16 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/15/33 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7:45 P m.
The principal cause of death and related causes of importance were as follows:

Fracture of the skull — Date of onset
Subdural hemorrhage

Other contributory causes of importance: 186 C

Name of operation no — Date of
What test confirmed diagnosis? Autopsy — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 6/15/33
Where did injury occur? 36th & Euclid Kerns (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Manufacturing
Manner of injury Fell out of tree
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify
(Signed) [signature], M.D.
(Address) [illegible] DEPICOR