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

Do not use this space.

File No. 19863
Registered No. 2578

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo. (No. ..., General Hospital St. ... Ward)

2. FULL NAME William Schmidt

(a) Residence, No. 632 West Fortieth 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20-1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
62	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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 Not known

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

FATHER
13. NAME Unknown
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 Agnes Schmidt
(ADDRESS) 632 W. 40th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE June 22, 1933

19. UNDERTAKER H. Bergman.
(ADDRESS) Armour and Main Streets

20. FILED June 20, 1933 M. M. Brown
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw him alive on ..., 19... Death is said to have occurred on the date stated above at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

Septic and Chronic Nephritis
burns of face, arms and trunk 1 d

Date of onset

Other contributory causes of importance:
Heart dilated from,

Name of operation no Date of ...
What test confirmed diagnosis ... 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 6/17, 1933
Where did injury occur? 6016 Brookington Place (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Burns from explosion of gas
Nature of injury Burns

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

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD