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

Do not use this space.
26697

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 304 Gladstone Blvd. St. Ward)

Registration District No. 395
Primary Registration District No. 100 [illegible]

File No.
Registered No. 3457

2. FULL NAME Johanna Schmidt
(a) Residence, No. 304 Gladstone Blvd. 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.

SEP 26 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 6, 1867

7. AGE: Years 65 | Months 10 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Sweden

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Mrs. Lillian Benner
(ADDRESS) 304 Gladstone Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 8-31, 1933

19. UNDERTAKER: C.H.Blackman & Son
(ADDRESS) 2825 Indep. Blvd.

20. FILED 8/31, 19.. M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Aug 29, 1933
I last saw her alive on Aug 29, 1933. Death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	1931

Other contributory causes of importance:

Name of operation: none 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) G. W. Rose, M. D.
(Address) 1009 Elmwood