

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

Do not use this space.

26712

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Prize Primary Registration District No. 353B
 City Hills Grove (No. Jackson Co Home)

File No. _____
 Registered No. 124 St. _____ Ward)

2. FULL NAME

(a) Residence, No. Charles F. Schmidt _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
 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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. W. Hostetter
 (ADDRESS) 90 J.C. Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Dickinson DATE Sept 1 1933

19. UNDERTAKER Mo Anatomical Board
 (ADDRESS) Kelley

20. FILED Sept 1 1933 William J. Fields
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1933 to Aug 30 1933

I last saw him alive on Aug 29 1933 Death is said

to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myo carditis Date of onset _____

Other contributory causes of importance: 93E

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chronic 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) J. W. Hostetter, M. D.
 (Address) Dickinson

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.

EXPANDING INK—THIS IS A PERMANENT RECORD

SEP 26 1933

