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.

Dr. Clark

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

Do not use this space. 32569

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 231
Township — Primary Registration District No. 3014 — Registered No.
City Jefferson City (No. St. Marys Hospital St. Ward)

2. FULL NAME Joseph L. Schmitz
(a) Residence, No. Westphalia, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Schmitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1864

7. AGE Years 69 Months 3 Days 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Westphalia Mo.

FATHER
13. NAME Theo. Schmitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Dentgen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Catherine Schmitz Westphalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Westphalia, Mo. DATE Oct. 16, 1933

19. UNDERTAKER (ADDRESS) Heinrich Funeral Home Jefferson City, Mo.

20. FILED 10/16/1933 L. V. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933 to Oct 13, 1933
I last saw him alive on Oct 12, 1933 Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis about	1920
Cancer of Pancreas	Jan 1933

Other contributory causes of importance: nausea vomiting inquagitation

Name of operation Cholecystotomy Date of Sept 25 33
What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) W. A. Clark, M. D.
(Address) Jefferson City Mo.