

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

Do not use this space.

33589

**1. PLACE OF DEATH**

County Lewis Registration District No. 477  
 Township Canton Primary Registration District No. 5-641  
 City (No. ) St. Ward

File No. \_\_\_\_\_  
 Registered No. 46

**2. FULL NAME** Helene Schmidt

(a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>Fred Schmidt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 17 1892</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>1</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
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) <u>Lewis County Mo.</u>		
13. NAME <u>Grimm Bailey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Vianna Washburn</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
17. INFORMANT <u>Grimm Bailey</u> (ADDRESS) <u>Canton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Canton Mo.</u> DATE <u>Oct 31 1933</u>		
19. UNDERTAKER <u>W. H. Harkley</u> (ADDRESS) <u>Canton Mo.</u>		
20. FILED <u>Oct 30, 1933</u> <u>H. W. Harris M.D.</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1933 to Oct. 29 1933

I last saw her alive on Oct. 29 1933 Death is said

to have occurred on the date stated above, at 3.0 p. m.

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

Chronic myocarditis Date of onset

131

9.30

131

Other contributory causes of importance:  
Chronic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? no

If so, specify \_\_\_\_\_

(Signed) P. W. Jennings, M. D.

(Address) Canton Mo.

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.

NOV 10 1933

OCCUPATION  
FATHER  
MOTHER

