

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

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township.....
City El Dorado Spgs (No.....)

Registration District No. 163
Primary Registration District No. 4095

File No. 16049
Registered No. 34
St. Ward)

2. FULL NAME

(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 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 J. R. Radpoyh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1868
7. AGE YEARS 71 MONTHS — DAYS 15 IF LESS THAN 1 day, hrs. or min.

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

13. NAME Francis Schmidt &

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

15. MAIDEN NAME Caroline Burkhardt

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

17. INFORMANT J. C. Schmidt (ADDRESS) El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE 5-12 1934

19. UNDERTAKER Worm-Siders (ADDRESS) El Dorado Spgs Mo

20. FILED 5-10 1934 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1934

I HEREBY CERTIFY That I attended deceased from May 9 1934 to May 9 1934
I last saw her alive on May 9 1934 Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Other contributory causes of importance:
821
121
1

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?.....
If so, specify.....
(Signed) J. W. Dawson M. D.
(Address) El Dorado Spgs 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. JUN 20 1934

