

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township
City Savannah (No. _____)

Registration District No. 13
Primary Registration District No. 4010

File No. 23040
Registered No. _____
St. _____ Ward _____

2. FULL NAME Margrete Joan Schmitt

(a) Residence, No. _____ St. _____ Ward _____
(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>-</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 - 1934</u>				
7. AGE	YEARS <u>-</u>	MONTHS <u>6</u>	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>-</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>-</u>			

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from June 26, 1934 to July 9, 1934
I last saw her alive on July 9, 1934 Death is said to have occurred on the date stated above, at 1:40 p.m.

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

Dysentery unspecified Date of onset June 26

Other contributory causes of importance: 150 / 30

Name of operation _____ 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 _____

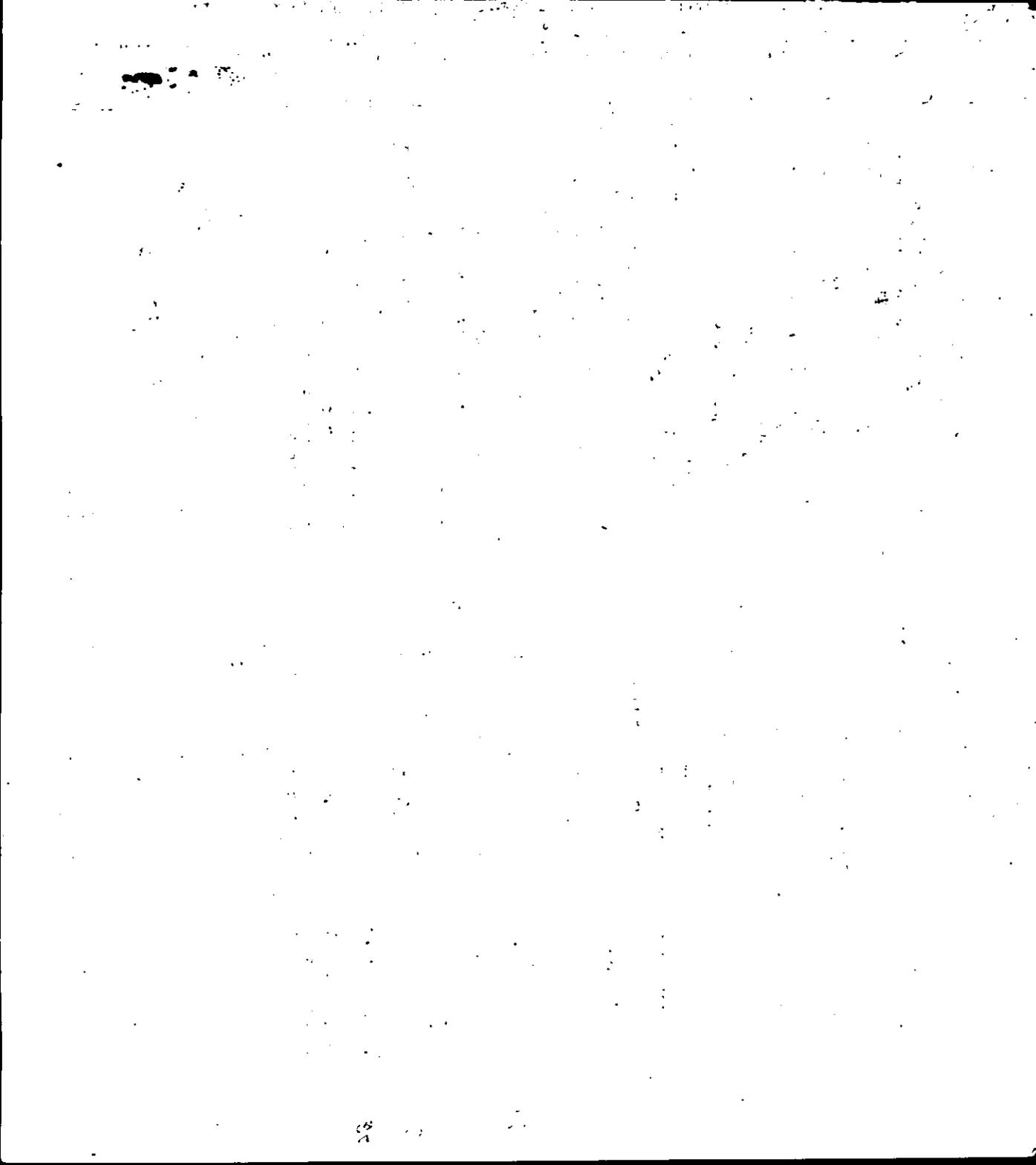
(Signed) Neva M. Steidley D.O., M. D.
(Address) Savannah, Missouri

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Savannah Mo</u>
	13. NAME <u>Warren Schmitt</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bolckow Mo</u>
	15. MAIDEN NAME <u>Margrete Quinlin</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marville Mo</u>
	17. INFORMANT <u>Margrete Schmitt</u> (ADDRESS) <u>Savannah Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Savannah</u> DATE <u>July 11, 1934</u>
	19. UNDERTAKER <u>E. B. Breit</u> (ADDRESS) <u>Savannah Mo</u>
	20. FILED <u>July 10, 1934</u> <u>Mrs. R. R. Young</u> Registrar

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 10 1934



#2 *Andrew Savannah.*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Margrete Jean Schmitt.
Who died at _____ on July - 9 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F. Color or race W Single, married, widowed or divorced: _____

Date of birth Dec 25 1933 Age:) Years _____ Months 6 Days 14

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Mrs A R King) Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 13

Very truly yours,

Primary Reg. Dist. No. 4010

E. T. McGaugh, M.D.
Special Agent.

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S-23040

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