

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.

FEB 23 1935

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

Do not use this space.

841

1. PLACE OF DEATH

County FranklinRegistration District No. 1104Township BonnePrimary Registration District No. 9534City Gerald, Mo.

(No. _____ St. _____ Ward _____)

File No. _____

Registered No. 3

St. _____

Ward _____

2. FULL NAME Charles F. 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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertie Ellen Schmidt6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1850

7. AGE

YEARS 85MONTHS 0DAYS 18

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 1915 Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Charles Schmidt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Cehmeie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) John P. Farrell Gerald, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE StrainDATE 1-20

1935

19. UNDERTAKER (ADDRESS) E. J. Meyer Gerald, Mo.20. FILED Jan. 20, 1935H. P. Fitzgerald

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 19, 193522. I HEREBY CERTIFY That I attended deceased from January 7, 1935, to January 19, 1935I last saw him alive on January 15, 1935. Death is said to have occurred on the date stated above, at 12:20 m.

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

Double lobar pneumonia Date of onset Jan 15Other contributory causes of importance: See aboveName of operation nose Date of _____What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) H. P. Fitzgerald(Address) Gerald, Mo.

, M. D.

