

APR 16 1936

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

Do not use this space.

9885

1. PLACE OF DEATH

County Cole Registration District No. 215 File No. _____
Township Liberty Primary Registration District No. 5295 Registered No. 3
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Kathryn Ann Schmutzler
(a) Residence, No. Osage City St. _____ Ward _____ (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 2 9

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

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) Osage City Mo

13. NAME Edward Schmutzler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage City Mo

15. MAIDEN NAME Matilda Gorn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage City Mo

17. INFORMANT Edward Schmutzler
(ADDRESS) Osage City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seligman Cem DATE MAR-15-1936

19. UNDERTAKER Wm. J. Gordon
(ADDRESS) Jefferson City Mo.

20. FILED April 15 1936 Jacob M. Parley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1936

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1936, to March 13, 1936

I last saw her alive on March 12, 1936 Death is said

to have occurred on the date stated above, at 3 A. m.

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

Pneumonia (lobar)

Date of onset March 3rd.

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Physical 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? No

If so, specify _____

(Signed) J. J. Gordon, M. D.

(Address) Jefferson City, 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.

Raymond