MAY 22 1936

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

Do not use this space.

1. PLACE OF DEATH
County Moniteau — Registration District No. 571 — File No. 16075
Township ~~Walker~~ — Primary Registration District No. 4335 — Registered No. 24
City California (No. ..... , ... St. ..... Ward)

2. FULL NAME Emma Schmutz
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 13, 1861

7. AGE: YEARS 74 — MONTHS 4 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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): Canal Dover, Ohio

FATHER
13. NAME: Nick Marti
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Contan Berne, Switzerland

MOTHER
15. MAIDEN NAME: Mary Anna Hert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Caton Soloturn, Switzerland

17. INFORMANT (ADDRESS): Rudolf Schmutz

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evangelical Cem DATE April 3, 1936

19. UNDERTAKER (ADDRESS): J. W. Wilson & Sons A. E. Wilson, California, Mo.

20. FILED 4-3-1936 H. R. Popejoy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1936, to April 1, 1936
I last saw her alive on April 1, 1936. Death is said to have occurred on the date stated above, at 4:25 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with Coronary thrombosis Caused by Influenza.	

Other contributory causes of importance: 9321

Name of operation none — 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) L. L. Latham, M. D.
(Address) California 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.

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