

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

Do not use this space.

DEC 3 1936

1. PLACE OF DEATH

County Putnam
Township West
City ... (No. ...)

Registration District No. 657
Primary Registration District No. 5874

File No. 38601
Registered No. 16
St. ... Ward ...

2. FULL NAME

(a) Residence, No. ...
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>...</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 13, 1931</u>		
7. AGE <u>5</u> YEARS	MONTHS <u>7</u>	DAYS <u>2</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>	11. Total time (years) spent in this occupation <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) <u>...</u>	

12. BIRTHPLACE (CITY OR TOWN) ... (STATE OR COUNTRY) ...

13. NAME Adolph E. Schmidt

14. BIRTHPLACE (CITY OR TOWN) Wittenberg Mo (STATE OR COUNTRY) Mo

15. MAIDEN NAME ...

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

17. INFORMANT ... (ADDRESS) ...

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wittenberg Cemetery DATE 10-9-1936

19. UNDERTAKER ... (ADDRESS) ...

20. FILED 10-7- 1936 Adolph E. Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1936 to October 6, 1936

I last saw him alive on October 6, 1936 Death is said to have occurred on the date stated above, at 6:00 P. m.

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

<u>Fracture of skull!</u>	Date of onset <u>9/6/36</u>
<u>Meningitis, Non-Epidemic</u>	"

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation ... Date of ...
What last 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? Accident Date of injury ... 19 ...
Where did injury occur? Wittenberg, Mo.
(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) ... M. D.

(Address) ...

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

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.

