

FEB 17 1937

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

Do not use this space.

7026

1. PLACE OF DEATH

County Laurance
Township Sprague
City (No.)

Registration District No. 475
Primary Registration District No. 5639

File No.
Registered No.
St. Ward

2. FULL NAME Rose Mary Schmidt

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 22nd 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
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) Laurance Mo.

FATHER 13. NAME Joseph R Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurance Mo.

MOTHER 15. MAIDEN NAME Lacey Lechner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurance Mo.

17. INFORMANT (ADDRESS) Joseph R Schmidt, Verona Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Verona Mo DATE 2-14

19. UNDERTAKER (ADDRESS) Foresett Funeral Home, Verona Mo

20. FILED 2-15 1937 A J Pudeg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to Feb 14 1937
I last saw her alive on Feb 2 1937. Death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

Spinal Bifida Distal onset birth

Other contributory causes of importance: 157 B

Name of operation Date of
What test confirmed diagnosis? clinical 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) W. H. Smith, M. D.
(Address) 121 West Pleasant Verona 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.

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

