

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 26 1937

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

Do not use this space.

16908

1. PLACE OF DEATH

County Mason Mo
Township Lassas
City (No. _____) _____

Registration District No. 528
Primary Registration District No. 5704

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME August Schmitt

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1936 to Feb 26 1937
I last saw him alive on Feb 26 1937 Death is said to have occurred on the date stated above, at 12:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1859

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

7. AGE YEARS MONTHS DAYS 77 7 22 If LESS than 1 day, _____ hrs. or _____ min.

Acute Myocarditis Date of onset Jan 1 1937

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: High Blood Pressure ADW 6 MW

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

13. NAME un known

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

What test confirmed diagnosis? clinical Was there an autopsy? no

15. MAIDEN NAME un known

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19__

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Eduyth Harris (ADDRESS) 31608 ave Columbia Mo

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE M. & J. Co. Co. Mo DATE Feb 28 1937

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

19. UNDERTAKER Perry T. Soren (ADDRESS) _____

(Signed) Adewest, M. D.
(Address) Newburg Mo

20. FILED Mar 1 1937 Max H. Baker Registrar.

