

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

Do not use this space.

3583

1. PLACE OF DEATH

County Nodaway
Township Jefferson
City (No. St. Ward)

Registration District No. 620
Primary Registration District No. 8822

File No.
Registered No.

2. FULL NAME

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

Doyle Edward Schmitz 32

(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 w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1938, to 1-21, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-7-1939

I last saw him alive on 1-21, 1938. Death is said to have occurred on the date stated above, at 3:45 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6 14

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

Bronchial Pneumonia Date of onset

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) no 11. Total time (years) spent in this occupation no

No complication

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conception Junction, Mo.

Name of operation none Date of

13. NAME Doyle E. Schmitz

What test confirmed diagnosis? Clinical. Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parnell, Mo.

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

15. MAIDEN NAME Minnie A. Wilmas

Where did injury occur? none (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bertrand, Ind.

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Father Conception Junction

Manner of injury none

18. BURIAL, CREMATION, OR REMOVAL PLACE Mayville Mo DATE 12, 1938

Nature of injury

19. UNDERTAKER (ADDRESS) W. R. Proctor Conception Junction Mo

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

20. FILED 1/25, 1938 Mabel M. Kahan Registrar

(Signed) J. W. Bayles, M. D.

(Address) Conception Junction Mo

107a

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

RECEIVED
FEB 28 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN SPACES
CHECKED IN RED PENCIL.

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

3583
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 620
(b) Township Jefferson Primary Registration District No. 6822 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Doyle Edward Schmitz
(a) Residence, No. _____ St. 11 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Bacterial Pneumonia Date of onset _____
No Complications
Other contributory causes of importance: _____

Name of operation _____ 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? _____
If so, specify _____, M. D.
(Signed) J. M. Boyles
(Address) Conception Junction

SUPPLEMENTAL COPY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Each statement of OCCUPATION is very important.

S-3583 1938