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.

REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County Lawrence
55 Township Spring River
City Verona (No. ..... St. ..... Ward)

Registration District No. 475
Primary Registration District No. 5639

File No. 11306
Registered No. .....

2. FULL NAME Joseph John Schmidt 530
(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 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Lucy Lechner Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4, 1899

7. AGE: YEARS 39 | MONTHS 1 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verona Mo. 0

FATHER
13. NAME Richard Schmidt 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

MOTHER
15. MAIDEN NAME Mary Rausch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Ellis Ind

17. INFORMANT (ADDRESS) Lucy Schmidt

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Catholic Cemetery DATE Mar 22, 1938

19. UNDERTAKER (ADDRESS) Fossett Funeral Home Mt. Vernon, Mo.

20. FILED 4/10, 1938 A J Rudig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1938, to 3/20, 1938
I last saw him alive on 3/20, 1938 Death is said to have occurred on the date stated above, at 12:30A m.
The principal cause of death and related causes of importance were as follows:

Heart and Respiratory failure
Haemolytic streptococcus infection of throat, complicated by Idiopathic peritonitis.

Date of onset

Other contributory causes of importance:

115C

Name of operation None Date of .....
What test confirmed diagnosis? Physical + Lab. findings Was there an autopsy? No

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. E. Heinlen M. D.
(Address) Verona, Mo.

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