REC'D JUL 19 '38

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

Do not use this space.

21499

1. PLACE OF DEATH
County St Francois Hospital Registration District No. 125
Township Primary Registration District No. 5009 File No.
City Cape Girardeau, Mo (No. St. Francis Hospital St. Ward) Registered No. 159

2. FULL NAME Paul William Schmidt
(a) Residence, No. Chaffee Mo St. Ward. Chaffee, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 weeks ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14-1938
7. AGE: YEARS | MONTHS | DAYS: 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 0

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

FATHER
13. NAME Benjamin Schmidt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chaffee Mo

MOTHER
15. MAIDEN NAME Marguerite Hankins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chaffee

17. INFORMANT Father Benjamin Schmidt
(ADDRESS) Chaffee Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Chaffee Mo DATE 6/7 1938
19. UNDERTAKER Beard-Oates
(ADDRESS) Cape Girardeau Mo
20. FILED 6-8-38 J. M. Lawrence Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-5 1938 to 6-6 1938
I last saw he alive on 6-8 1938. Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	birth
Meningitis	5-25-38

Other contributory causes of importance:

Name of operation None Date of
What test 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? 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
(Signed) R. A. Ritter, M. D.
(Address) Cape Girardeau Mo

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.

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