SEP 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Franklin
Township:
City: Gerald (No. , St. Ward)
Registration District No. 1104
Primary Registration District No. 4554
File No. 28826
Registered No. 13

2. FULL NAME Virginia Francis Schmidt, 530
(a) Residence, No. Gerald, Mo. 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

3. SEX: Female
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 W.G.Schmidt,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb.Ist.1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
62	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Franklin Co.Mo. 0

FATHER
13. NAME Thos. E. Rennick, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

MOTHER
15. MAIDEN NAME Rachel Strain,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) W.G.Schmidt, Gerald, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lockhart, Cem. DATE Aug.6th. 1938

19. UNDERTAKER (ADDRESS) J.T.Williams, Sullivan, Mo.

20. FILED Aug 5 1938 Charles A. Schmidt Registrar. 27

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3d. 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17 1938, to Aug 3, 1938
I last saw her alive on Aug 3, 1938. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	8-3-38
8 2 B	

Other contributory causes of importance:
Chronic Cholecystitis

Name of operation Cholecystotomy Date of Feb 1938
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? No
If so, specify
(Signed) G. L. Matthews, M. D.
(Address) Beaufort 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.