

REC'D JAN 6

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

Do not use this space.

## 1. PLACE OF DEATH

County ClayTownship KearneyCity Kearney(No. R.F.D. No. 1.)Registration District No. 200Primary Registration District No. 5279BFile No. 42779Registered No. 10

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Elizabeth Schmidt

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(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

FemaleWhite

## 4. COLOR OR RACE

Married

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

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

William Schmidt

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

September 27 1868

## 7. AGE

YEARS  
71MONTHS  
10DAYS  
10

IF LESS than 1 day, .....hra. 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.

Housewife

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)

Indiana

## 13. NAME

Joseph Yoder

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

Ohio

## 15. MAIDEN NAME

Mary Schbacher

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

Switzerland

## 17. INFORMANT

William Schmidt

(ADDRESS)

Kearney, Missouri.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Arley Cemetery DATE Aug. 10, 38

## 19. UNDERTAKER

(ADDRESS)

C. W. Hessel  
Kearney, Missouri

## 20. FILED

8/9/38

19

Thos. Smith  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1938

## 22. I HEREBY CERTIFY, That I attended deceased from

July 9, 1938, to Aug 7, 1938I last saw her alive on July 30, 1938 Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Pulmonary Embolism from thrombo phlebitis of right leg.Date of onset  
8-7-38

Other contributory causes of importance:

Abscess in lower 1/3 outside of right leg.8-4-38Varicose ulcers of both legs.1910

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical. 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) N. R. Schuhmacher, M. D.(Address) Kearney 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.

1 X2314

NEW YORK  
OFFICE OF THE  
ATTORNEY GENERAL

1938

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DISTRICT HEALTH OFFICER NO. 8  
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12/29/38