

LEGO MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH
50 County Jefferson Registration District No. 420
Township Wade Primary Registration District No. 5574
City Wade (No. 503) St. _____ Ward _____

2. FULL NAME Geneva Schmitt
(a) Residence, No. Wade St. 1 St. _____ Ward _____
(Usual place of abode) Wade St. 1 (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

File No. 6928
Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick Schmitt
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 1848
8. AGE YEARS 91 MONTHS 11 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
9. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife
10. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____
11. 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) Switzerland
13. NAME John Schmitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
17. INFORMANT (ADDRESS) J. J. Schmitt, Wade St. No. 1
18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson DATE Feb 3 1939
19. UNDERTAKER (ADDRESS) Donald B. Dietrich
20. FILED 3/8 1939 Geneva Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 1939
22. I HEREBY CERTIFY That I attended deceased from Feb 1 1939, to Feb 1 1939
I last saw him alive on Feb 1 1939. Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:
Influenza
Date of onset January 31 1939
Other contributory causes of importance: degeneration of heart not known
Name of operation _____ 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? no
If so, specify _____
(Signed) Walter Gibson, M. D.
(Address) 200 S. 1st St.

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.

