

REC'D JUN 21 1939

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

Do not use this space.

18730

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME Cally Lee Schmidt

(a) Residence, No. Route Clinton 710 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 59 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 Frank Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 - 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo13. NAME Thomas Prouse14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Susan Mayer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT F. F. Schmidt18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5-5-3919. UNDERTAKER Fred Stillinson20. FILED 5-27-39 Dr. J. R. H. H. H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 193922. I HEREBY CERTIFY, That I attended deceased from May 3 1939 to May 3 1939I last saw her May 31 1939 Death is said to have occurred on the date stated above, at 12 A.M.

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

Poison taken with suicidal intent, probably strychnine Date of onset May 3/39Other contributory causes of importance: 16 1/2Name of operation noneWhat test confirmed diagnosis? Examination of blood Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury 5/3 1939Where did injury occur? at home Clinton Mo (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. at homeManner of injury ingestion of poisonNature of injury poisoning (strychnine)24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) S. B. H. H. H. M. D.(Address) Coroner Henry Cady, Clinton, 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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RECEIVED

District Health Officer No. 7,

District File Number 7-39-906

Date Filed 6-6-39