

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

Do not use this space.

267

1. PLACE OF DEATH

County.....Buchanan..... Registration District No.....85
Township..... Primary Registration District No.....100
City.....St. Joseph..... (No. St. Joseph Hospital)..... St. Ward)

File No.....
Registered No.....110

2. FULL NAME.....Mary Ann Schmitz.....

(a) Residence. No.....2410 Walnut Street..... 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. 9 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 18, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....St. Joseph.....
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Leo H Schmitz

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....St. Joseph.....
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Emma E Klein

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....Unknown.....
(STATE OR COUNTRY) Russia

14. INFORMANT.....Leo H. Schmitz.....
(Address) 2410 Walnut St.--St. Joseph Mo

15. FILED.....John G. W...... REGISTRAR
Jan 27 1930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 26 to Jan 27 1930
that I last saw h. BF... alive on Jan 27, 1930... and that death occurred, on the date stated above, at, 12/15 P..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
10713
10713 (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Infection left leg
Probably from diaper (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 2410 Walnut

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clexig
(Signed) Frank H. Hoover M. D.
Jan. 27 1930 (Address) Wapomun Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Jan. 28 1930

20. UNDERTAKER H. O. Sidenfaden ADDRESS 1802 Union 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.

