

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

Do not use this space.

33547

30

**1. PLACE OF DEATH**

County Bates  
Township Mound  
City West Adrian (No. ....)

Registration District No. 41  
Primary Registration District No. 5071

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Christian Schmidt

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Ilda Schmidt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1860 June 7</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>4</u>
	DAYS <u>24</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 2 <u>his life</u>	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Christian Schmidt</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Julia Fless</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Walter Schmidt, Adrian Missouri</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crescent Hill Cem</u> DATE <u>Nov 1 1931</u>	
19. UNDERTAKER (ADDRESS) <u>Frank T. Creath, Adrian Mo.</u>	
20. FILED <u>11-4</u> 19 <u>31</u> <u>Dr. H. W. Guette</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1931 to Oct 30 1931.  
I last saw him alive on Oct 28 1931. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
918  
930  
940  
Other contributory causes of importance:  
Cardiovascular  
Sclerosis  
Date of onset Oct 20/31

Name of operation none Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

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) E. E. Johnson M. D.  
(Address) Adrian 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.

NOV 28 1931

