

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.

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

Do not use this space.

AUG 15 1936

25614

1. PLACE OF DEATH

County Bush
Township Washington
City St. Joseph (No.)

Registration District No. 85
Primary Registration District No. 1001
St. St. Joseph Hospital (Ward)

File No.
Registered No. 976

2. FULL NAME

John Jr. Schmidt
(a) Residence, No. Graham mo. 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. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 4 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 2 17

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.
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) Graham mo.

MOTHER FATHER
13. NAME J. N. Schmidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) J. N. Schmidt Graham mo

15. MAIDEN NAME Carrie Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adelle Iowa

17. INFORMANT Mrs. J. N. Schmidt (ADDRESS) Graham mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graham mo. DATE July - 23 - 1936

19. UNDERTAKER J. Fred Terhune (ADDRESS) Savannah mo.

20. FILE July 21, 1936 Registrar St. Joseph Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to July 20, 1936. I last saw him alive on July 20, 1936. Death is said to have occurred on the date stated above, at 2:51 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Sinusitis
followed by
embolism of cavernous
sinus
Other contributory causes of importance: fracture entering sinus from nose.

Name of operation Excision of nose Date of July 18, 1936
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) W. H. C. Conrad, M. D.
(Address) St. Joseph Hospital

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