

OCT 24 1932

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

Do not use this space.

28652

1. PLACE OF DEATH
14 County Callaway Registration District No. 104
2 Township Callaway Primary Registration District No. 3008
7 City Fulton (No. 4) St. Ward)

2. FULL NAME Alberta Schmidt
(a) Residence, No. James town mo. U. S. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>16</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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) James town, mo.

13. NAME Joe Schmidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Rosa Baker

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

17. INFORMANT Records of State Hospital #1
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedron mo DATE Oct 2 1932

19. UNDERTAKER Albert Hornbeck
(ADDRESS) Prater Home mo.

20. FILED Sept 30, 1932 R. M. Chew
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1932, to Sept 30, 1932
I last saw her alive on Sept 30, 1932 Death is said to have occurred on the date stated above, at 8 A. M.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Date of onset 108
95
93A
108

Other contributory causes of importance:
Epileptic Psychosis
Polar Myocarditis
(Unresolved type)

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) T. L. Hoff, M. D.
(Address) Fulton, mo.

