

AR 30 1933
 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.

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

Do not use this space.

8544

1. PLACE OF DEATH

658 County *Monteure*
 Township *Walker*
 City (No) _____

Registration District No. *671*
 Primary Registration District No. *5769*

File No. _____
 Registered No. *13* St. _____ Ward _____

2. FULL NAME

Claude Lorenson 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>MARRIED</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Marie Schmidt</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 25-1888</i>		
7. AGE YEARS <i>44</i>	MONTHS <i>5</i>	DAYS <i>21</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>		
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) <i>Denmark</i>		
13. NAME <i>Lorenson Schmidt</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Denmark</i>		
15. MAIDEN NAME <i>Marie Hansen</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Denmark</i>		
17. INFORMANT (ADDRESS) <i>John Schmidt Farmer</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <i>2/27 1933</i>		
19. UNDERTAKER (ADDRESS) <i>W. H. August & Fred Meyer California Mo</i>		
20. FILED <i>2-16</i> H. 33 <i>J. R. Roth</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-15-1933*

22. I HEREBY CERTIFY, That I attended deceased from *2-10 1933* to *2-15-1933*
 I last saw him alive on *2-10-1933*. Death is said to have occurred on the date stated above, at *2 P* m.
 The principal cause of death and related causes of importance were as follows:
Diabetes
59
59
 Other contributory causes of importance:
 Name of operation *None* Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? *Yes*
 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?
 If so, specify _____
 (Signed) *H. R. Pophay*, M. D.
 (Address) *California Mo*

