

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

Do not use this space.

9754

File No. _____
Registered No. 14 St. _____ Ward _____

APR 25 1934

1. PLACE OF DEATH

County Monroe
Township Walsh
City _____ (No. _____)

Registration District No. 541
Primary Registration District No. 5769

2. FULL NAME Minna Ruth 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 29

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Kansas City Mo

13. NAME Edward Schmidt

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

15. MAIDEN NAME Swanson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

17. INFORMANT Minnie Schmidt
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Edwards DATE Mar 2-29, 1934

19. UNDERTAKER J. W. Wilkins & Son
(ADDRESS) _____

20. FILED 3-28-34 H. R. Poppey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28-1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
Denver

I last saw h. _____ alive on _____, 19____

to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

Infantile Paralysis

Date of onset _____

Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

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) H. R. Poppey Registrar
(Address) California Mo

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.

