

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

Do not use this space.

11580

**1. PLACE OF DEATH**

County Monticome  
Township Wasson  
City Dipton

Registration District No. 575  
Primary Registration District No. 4339

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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.

John P. Schmidt

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Male

White

Divorced

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

Lula Schmidt

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

Nov. 11<sup>th</sup> 1861

**7. AGE**

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>3</u>	<u>25</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Dipton Mo.

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Wm Schmidt

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Dattfeldt Germany

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Katharina Klibel

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Germany

(STATE OR COUNTRY)

**14.**

**INFORMANT**

Wm Schmidt

(Address)

Dipton Mo.

**15.**

FILED

3-8-29 Mrs. C. E. Fry

REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

3-3-1929

**17.**

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

\_\_\_\_\_ 19\_\_\_\_, never  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Valvular trouble

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) H. R. Popper, Coroner M. D.

3-5-1929 (Address) California Mo

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Catholic Cemetery

**DATE OF BURIAL**

3/7 1929

**20. UNDERTAKER**

L. G. Orloff

**ADDRESS**

Dipton Mo

