

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

8764A

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1. PLACE OF DEATH Cape Girardeau
 County Mo. Registration District No. 131
 Township St. Louis Primary Registration District No. 5-782
 City — (No. Route 1, Cape Girardeau)
 Registered No. _____ St. _____ Ward _____

2. FULL NAME Onelia Schmitt
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 — 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Cape Girardeau

FATHER
 13. NAME Phillip Thomas
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) C. B. Kewell
Route 1, Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE March 15 1933

19. UNDERTAKER (ADDRESS) Prentiss Kewell
Cape Girardeau Mo.

20. FILED 6-2 1933 Cheryl Miller
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar-12, 1933, to Mar 14, 1933
 I last saw her alive on Mar 14, 1933 Death is said to have occurred on the date stated above, at 8:45 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Bright Disease Date of onset _____
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 other contributory causes of importance Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. Miller, M. D.
 (Address) Cape Girardeau 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.

MAY 20 1933

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11/18/11