

ORIGINAL

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS  
STATE OF IOWA

1 PLACE OF DEATH  
 County Lyon State Iowa Registered No. 66-6  
 Township Whitaker or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Ellen 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 2 yrs. 8 mos. 26 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 Single  
 (If divorced, write the year)

5a If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year) Dec 10 1901

7 AGE Years 21 Months 8 Days 26 If less than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) Lyon Co. (State or country) Iowa

10 NAME OF FATHER Wm Schmidt

11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_ (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Rott

13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_ (State or Country) Ill.

11 Informant Wm Schmidt  
 (Address) George, Ia.

15 Filed Aug 29 1923 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1923

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1923, to Aug 27, 1923, that I last saw or alive on Aug 27, 1923, and that death occurred, on the date stated above, at 6:30 a. m. THE CAUSE OF DEATH\* was as follows:  
Pneumonia  
 (duration) \_\_\_\_\_ yrs. 21 ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? \_\_\_\_\_ (Signed) F. E. Chalmer, M. D., 19 (Address) George Ia

\*State the disease causing death, or in deaths from violent causes, state (1) means and nature of injury, and (2) whether accidental, suicidal, or homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL  
Evergreen Farm Cemetery 8/29 1923

20 UNDERTAKER ADDRESS  
John H. Behrends George Ia

Source Information:  
Iowa Death Records  
1920-1940

8-21-4303  
V. S. No. 4-Original  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.