

1 PLACE OF DEATH

County Davidson

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

3765 T

CERTIFICATE OF DEATH

Civil Dist. _____

Registration District No. 21901File No. 1070

Village _____

Primary Registration District No. _____

Registered No. _____

City Nashville(No. 1517 Archer Ave St.; _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Henry Schmidt

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)16 DATE OF DEATH April 23, 1926
[Month] [Day] [Year]6 DATE OF BIRTH June 26, 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____, 1926, to _____, 1926, that I last saw h_____ alive on _____, 1926, and that death occurred, on the date stated above, at 9 A. M7 AGE 52 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?The CAUSE OF DEATH* was as follows: 908 OCCUPATION (a) Trade, profession, or particular kind of work Pipe Fitter 406
(b) General nature of industry, business, or establishment in which employed (or employer) NFC Shop.Chronic Myocarditis
Arterial Regurgitation
[Duration] yrs. _____ mos. _____ ds.9 BIRTHPLACE (State or country) Tenn.Contributory [SECONDARY] _____
[Duration] yrs. _____ mos. _____ ds.10 NAME OF FATHER Martin C SchmidtSigned Dr. E. W. Holcomb, M. D.11 BIRTHPLACE OF FATHER (State or country) Germany4/23, 1926. Address Nashville12 MAIDEN NAME OF MOTHER Elizabeth Avery

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

13 BIRTHPLACE OF MOTHER (State or country) Georgia

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

[Informant] Mrs. Margaret Schmidt

Where was disease contracted, if not at place of death? _____

[Address] Nashville

Former or usual residence. _____

15

19 PLACE OF BURIAL OR REMOVAL Spring Hill Cemetery DATE OF BURIAL 4/24, 192620 UNDERTAKER Robert Johnson ADDRESS _____Filed 4-23, 1926

Nora L. Hollister

REGISTRAR