

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

1 PLACE OF DEATH

County Pettis

Township \_\_\_\_\_

Village \_\_\_\_\_

City Adalia

Registration District No. 668

File No. 15451

Primary Registration District No. 3032

Registered No. 981

(NO. 909-3-11 St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Missouri Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE widow  
MARRIED WIDOWED  
OR DIVORCED  
(Write the word)

6 DATE OF BIRTH Feb 21 1896  
(Month) (Day) (Year)

7 AGE 70 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS 10 NAME OF FATHER John Mitchell  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kennett  
12 MAIDEN NAME OF MOTHER W. K. ...  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. Smith  
(Address) Adalia Mo

15 Filed April 7 1916 H. B. Long Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 6 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h..... alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at..... m. The CAUSE OF DEATH\* was as follows:

Chronic Endocarditis  
9.2A (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
9.2A (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) W. Dyer Corcoran M.D.  
4/7 1916 (Address) Adalia Mo

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Smithton Mo. DATE OF BURIAL 4-9 1916  
20 UNDERTAKER M. Loughlin ADDRESS Adalia 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.

