

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

Do not use this space.

155

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. St. Ward)

File No. **1332**
Registered No.

2. FULL NAME

Carric Smith

(a) Residence No. **1647** *Benard* St., **22** Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>col</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Wm Smith</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>not known</i>				
7. AGE <i>abt. 30</i>	YEARS -	MONTHS -	DAYS -	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housekeep*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lanrel miss

10. NAME OF FATHER

Smt/wood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis

12. MAIDEN NAME OF MOTHER

not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

not known

14.

INFORMANT *Wm Smith*
(Address) *2643 Adams*

15.

FILED *12* *Max C Starker*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 4 1927*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 2* to *Feb 4 1927* and that I last saw h. alive on *Feb 4 1927*, and that death occurred, on the date stated above, at *7:30 P.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:
Carcinoma of uterus (cervix)

46 (duration) yrs. *7* mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... *at home*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical*
(Signed) *Vincent J. Mueller, M.D.*
H. 5 1927 (Address) *2325 Franklin*

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Greenwood Cem* DATE OF BURIAL *Feb 8 1927*

20. UNDERTAKER *Watson and Son* ADDRESS *2244 Chouteau*

K. 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.

