JUL 26 1927

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

Do not use this space.

17899

1. PLACE OF DEATH
County Daviess
Township Benton
City ..... (No. ..... 5355 ..... St. ..... Ward)
Registration District No. 254
Primary Registration District No. 4157
File No. .....
Registered No. 7

2. FULL NAME Dorthy May Smith
(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 9 yrs. 8 mos. 5 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 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-22-1918
7. AGE: 8 YEARS; MONTHS: 8; DAYS: 25; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Daviess Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER John Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Mary Logan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Woren Co, Mo

14. INFORMANT Mary Johnson
(Address) Pattonsburg, Mo
15. FILED Jun. 17 1927 Jno Z Vassen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/17/27 19
17. I HEREBY CERTIFY, That I attended deceased from June 12, 1927, to June 15, 1927 that I last saw her alive on June 12, 1927, and that death occurred, on the date stated above, at 12/30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Menningitis
89-B
86 B
79-A (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Mastoid abscess
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? x
DID AN OPERATION PRECEDE DEATH? no DATE OF x
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Frank Hedges, M. D
6/18, 1927 (Address) Pattonsburg

*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: Old Town
DATE OF BURIAL: 6/19/27 19
20. UNDERTAKER: G S Gromer
ADDRESS: Pattonsburg, 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.