

SEP 27 1927

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

Do not use this space.

23734

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton, Mo. (No. _____ St. _____ Ward _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 154

2. FULL NAME Florence Lane Smith.

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 4th 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
9 1 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child.
(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) Mo.

10. NAME OF FATHER Waldo F. Smith.

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

12. MAIDEN NAME OF MOTHER Eugene McCully.

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

14. INFORMANT Waldo F. Smith.
(Address) Fulton, Mo.

15. Aug 9, 1927 R. N. Crews
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/8/27 19

17. I HEREBY CERTIFY, That I attended deceased from for
5 years., 19____, to _____, 19____,
that I last saw her alive on August 8th, 1927, and that
death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Poliomyelitis, from birth, no treat-
ment special or other wise never
gave anything except temporary or
imaginary relief. (duration) 9 yrs. mos. ds.

CONTRIBUTORY 16
(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? P.E. Many consultations

(Signed) Crede D. Bacon, M.D.
, 19____ (Address) Fulton Mo.

*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 Macon, Mo. DATE OF BURIAL 8-9-27 19

20. UNDERTAKER Herrdén - Taylor - Furn Co. ADDRESS Fulton, 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.

