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

Do not use this space.

31008

NOV 20 1927

1. PLACE OF DEATH
County Monroe
Township Monroe
City Monroe City (No. ..... St. ..... Ward)

Registration District No. 581
Primary Registration District No. 4343

File No. .....
Registered No. 37

2. FULL NAME Helen Dorothy 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 18 yrs. 6 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	6	5	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work None—
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monroe City
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Delbert Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Florida Mo
12. MAIDEN NAME OF MOTHER Orear Cord.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Monroe City Mo

14. INFORMANT Delbert Smith
(Address) Monroe City Mo.

15. FILED 10/31 1927 O. W. Wilson
Deputy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 29 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1927, to Oct. 29 1927, that I last saw h. alive on Oct. 27 1927, and that death occurred, on the date stated above, at 6.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

324 Acute Miliary Tuberculosis (duration) yrs. 8 mos. ds.

CONTRIBUTORY (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? .....
(Signed) Geo. L. Turner, M. D.
Oct. 31, 1927 (Address) Monroe City 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 St. Judes Cemetary — DATE OF BURIAL 10-31 1927

20. UNDERTAKER Wilson + Son — ADDRESS Monroe City 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD