

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

Do not use this space.

31247

1. PLACE OF DEATH

County Randolph Registration District No. 733
Township _____ Primary Registration District No. 4438
City Huntsville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 32

2. FULL NAME Lilie Mae 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Smith
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28, 1904
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 23 8 12
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

PARENTS
10. NAME OF FATHER Edward Patton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo.
12. MAIDEN NAME OF MOTHER Emma Patton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo.

14. INFORMANT Harry Smith
(Address) Huntsville

15. FILED Oct 22 1927 Y. G. Bragg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1927
17. I HEREBY CERTIFY, That I attended deceased from Sept 10 1927 to Oct 10 1927 that I last saw her alive on the act 1927, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Pulmonary
23A
_____ (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. A. Bradford, M. D.
, 19 _____ (Address) Columbia Ind

*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 Huntsville DATE OF BURIAL Oct 12 1927
20. UNDERTAKER Tom Patton ADDRESS Huntsville 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.

SECRET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 28 1927

