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

Do not use this space.

JAN 5 1928

34172

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

Registration District No. 581
Primary Registration District No. 4343

File No.
Registered No. 39

2. FULL NAME Nuamine 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20th 1911

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
16	3	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(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) Missouri

PARENTS

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

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

15. FILED 11/15, 1927 O. W. Wilson
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1927, to Nov. 14, 1927, that I last saw her alive on Nov. 10, 1927, and that death occurred, on the date stated above, at 4.50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Milliary Tuberculosis

32A (duration) yrs. 5½ mos. ds.

CONTRIBUTORY (SECONDARY) 37A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
O DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Geo. L. Turner, M. D
Nov 15, 1927 (Address) Geo. L. Turner 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: Nov. 16th 1927

20. UNDERTAKER: Wilson and 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.