29 1928

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

1928 1892-6-15 36-1-15

Do not use this space.

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City Near Farmington (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 24915
Registered No. 105

2. FULL NAME Mary Ellen Smith
(a) Residence. No. State Hospital No. 4 St., ... Ward. Swinton, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 3 mos. 7 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~Unknown~~ June 10 1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
36	1	15	

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) Swinton
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thos. M. Swindell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Mary E. Proffer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stoddard Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Hospital Records.
(Address)

15. FILED 7-25-1928 B J Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to July 25, 1928 that I last saw her alive on July 24, 1928, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
46 F
23 H
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Pancreas
(duration) ..... yrs. ..... mos. ..... ds.

49

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 1928
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Sputum pos for T bc
(Signed) Ralf Hanks, M. D
7-25, 1928 (Address) Farmington 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: Liberty Hill Cemetery
DATE OF BURIAL: 7-26- 1928

20. UNDERTAKER: A.J. CHILES
ADDRESS: Bloomfield 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.