

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

Do not use this space.

1939-2  
B

**1. PLACE OF DEATH**

County Grand  
Township Benton  
City (No. ....) .....

Registration District No. 230  
Primary Registration District No. 5312

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Rachel Ann Smith

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

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Smith  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 1843  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 86 0 29

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

9. BIRTHPLACE (CITY OR TOWN) Ducks County Pa. (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Caphart  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
12. MAIDEN NAME OF MOTHER Darah Brown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

14. INFORMANT Arthur Smith  
(Address) Cuba Mo RR No 1

15. FILED 3/28 29 1929 G. G. A. S. / ergog REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 19 29  
17. I HEREBY CERTIFY That I attended deceased from Jan 27 1929 to Feb 18 1929 that I last saw her alive on Feb 15 1929, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

93D Myocarditis  
10L B  
(duration) yrs. mos. da. 18  
CONTRIBUTORY Chronic Bronchitis  
(SECONDARY) (duration) / yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF BIRTH .....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Delhi Cemetery DATE OF BURIAL 1704 1929  
IF NOT AT PLACE OF BIRTH .....

\*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 Delhi Cemetery DATE OF BURIAL 1704 1929  
20. UNDERTAKER W. S. Beccard ADDRESS Cuba 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.

MAY 24 1929

