

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

Do not use this space.

12204

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.

1929

1. PLACE OF DEATH
 County Howards Registration District No. 1123
 Township Concord Primary Registration District No. 6248 B File No. _____
 City Roch Mo. (No. Robert Koch Hospital) Registered No. 112 St. _____ Ward _____

2. FULL NAME Lella Mae Smith
 (a) Residence No. 3859 Windsor Ward _____
 (Usual place of abode) _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 5 mos. 17 da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-17-1907
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 10 1
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work maid
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham Ala.
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 16 1929
 17. I HEREBY CERTIFY, That I attended deceased from 10-30 1928, to 3-16, 1929.
 that I last saw h. et. c. alive on 3-16, 1929, and that death occurred, on the date stated above, at 2:30 p.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS: 23A
Pulmonary Tuberculosis
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.
 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? 2 Thayer's Sputum
 (Signed) W. W. Dravault, M. D.
 , 19 _____ (Address) Roch 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.

14. INFORMANT Doyle
 (Address) _____
 15. FILED 3/16, 1929 L. C. Obrock REGISTRAR
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington DATE OF BURIAL Mar 18 1929
 20. UNDERTAKER J. W. Hughes ADDRESS 2620 Lawton

