

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

Do not use this space.

27441

1. PLACE OF DEATH

County Jefferson
Township Cooper
City St. Louis (No. MO)

Registration District No. 314
Primary Registration District No. 4190

File No. _____
Registered No. 32
St. _____ Ward _____

2. FULL NAME

Mary Jane Smathers

(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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (only the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Harner Smathers</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 5 - 1897</u>		
7. AGE <u>72</u>	YEARS <u>3</u>	MONTHS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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)

St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas A. Gray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Mary Ann Hobbs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) _____

14.

INFORMANT Mrs. Emily C. Althoff
(Address) Denver - Colorado

15.

FILED 8/28 1929 Paul S. Berner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 22 1929 to Aug. 26 1929
that I last saw her alive on Aug. 26 1929 and that death occurred, on the date stated above, at 5:50 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Diffuse Peritonitis

129 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 129 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. A. Crockett M. D.

Aug 27 1929 (Address) St. Louis, 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

DATE OF BURIAL

St. Louis Missouri 8/28 1929

20. UNDERTAKER

ADDRESS

Lacey H. Phillips St. Louis
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.

