

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County HenryRegistration District No. 309Township AtchisonPrimary Registration District No. 5427

City

(No.)

File No.

36844

Registered No.

49

St.

Ward)

2. FULL NAME

Myrtle Lee 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

MarriedSA. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFLawrence Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 28, 1885

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.4445

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse Wife(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Henry Co. Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

James H. McCune

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Henry Co. Mo

12. MAIDEN NAME OF MOTHER

Ellen Parsons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Henry Co. Mo

14.

INFORMANT

(Address)

Lawrence Smith
New Hampton, Mo

15.

FILED

JUN 6, 1929

W. H. Noble
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 4, 1929

17.

I HEREBY CERTIFY, That I attended deceased from

1929, to 1929, and that I last saw him alive on 1929, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Multiple
originally in Breast
50
535 (duration) yrs. mos. da.

CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

C. A. Berlin

M. D.

(Address) New Hampton, 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

CarterNov 5, 1929

20. UNDERTAKER

ADDRESS

W. H. NobleNew Hampton, Mo

~~100.00~~