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

Do not use this space.

File No. 3136

Registered No. 630

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3137, Lafayette ave St. ..... Ward)

2. FULL NAME Minnie Smiddy

(a) Residence. No. 3137 Lafayette St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edw Smiddy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	9	12	

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) .....
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Mitchel Moran

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Ofmile Smiddy
(Address) 3137 Lafayette ave

15. FILED JAN 20 1930 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Janry 19 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-5 1930, to 1-19 1930, that I last saw her alive on 1-19 1930, and that death occurred, on the date stated above, at 7.45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 (Right)
..... (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Unresolved Pneumonia
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WERE WAS DISEASE CONTRACTED 3137 Lafayette
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) D. Chalant Dahms, M. D.
, 19 (Address) 1402 So Grand

*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 Oran Mo — DATE OF BURIAL Jan 23 1930

20. UNDERTAKER Clement Und Co — ADDRESS 2217 S Grand Boulev

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.