

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

Do not use this space.

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**1. PLACE OF DEATH**

County Saline  
Township  
City Marshall (No. ....)

Registration District No. 796  
Primary Registration District No. 3038

File No. ....  
Registered No. 2  
St. .... Ward)

**2. FULL NAME:**

Mary Louise Smith

(a) Residence, No. .... St., .... Ward.

(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 (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Warren Smith</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 18, 1904</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>6</u>
	DAYS <u>21</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) Cole Co.  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Melcher

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

12. MAIDEN NAME OF MOTHER Hattie Surface

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cole Co.  
(STATE OR COUNTRY) Mo.

14. INFORMANT Warren Smith  
(Address) Marshall Mo.

15. FILED 1-16, 1930 Mr. John H. McQuire  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 9, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1930 to Jan 9, 1930  
that I last saw her alive on Jan 9, 1930, and that death occurred, on the date stated above, at 7:00 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Paralytic ileus

11802 (duration) yrs. mos. 2 ds.

CONTRIBUTORY Laboratory  
(SECONDARY) (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan. 2, 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) Ellis, M. D.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jefferson City

DATE OF BURIAL Jan 10 1930

UNDERSTAKER L. R. Vandiner

ADDRESS Marshall 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.

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requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Mary Louise Smith

Who died at: Marshall, Mo. on Jan 9, 1930,

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Paralytic ileus

Contributory: Laparotomy  
Double salpingitis - Left oviducal

Where was disease contracted? \_\_\_\_\_

Did operation precede death? yes Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

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