

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.

APR 23 1930

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

Do not use this space.

7812

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. Missouri) Methodist Hospital St. _____ Ward _____

File No. _____
 Registered No. 357

2. FULL NAME Iva May Smith,
 (a) Residence No. _____ St. _____ Ward King City, Missouri.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter K. Smith,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 17, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
	<u>32</u>	<u>0</u>	<u>1</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Andrew County,
 (STATE OR COUNTRY) Missouri,

PARENTS	10. NAME OF FATHER <u>George R. Gibson,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Andrew Co.,</u> (STATE OR COUNTRY) <u>Missouri,</u>
	12. MAIDEN NAME OF MOTHER <u>Alice I. Wood,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Wisconsin,</u>

14. INFORMANT Walter K. Smith
 (Address) King City, Mo.

15. FILED 19 1930 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-18 1930 to 3-18 1930 that I last saw him alive on 3-18 1930 and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Lobar Pneumonia
 (duration) yrs. mos. 5 ds.
 CONTRIBUTORY (SECONDARY) 1010
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH King City, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical finding
 (Signed) [Signature] M. D.
3-19 1930 (Address) 301 Phys & Surg Bldg

*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 King City, Mo. via auto DATE OF BURIAL Mch. 20, 1930

20. UNDERTAKER Heaton, B. G. & Bowman ADDRESS 319 S. 10 St.

Funeral Home

