

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 27 1930

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

Do not use this space.

13194

1. PLACE OF DEATH

County Lewis Registration District No. 479
Township Labelle Primary Registration District No. 4288
City Labelle (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

May Bell 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22, 1908

7. AGE—YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 | 1 | 18 | — hrs. — min.

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

9. BIRTHPLACE (CITY OR TOWN) Labelle
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Alex Smith

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

12. MAIDEN NAME OF MOTHER Lydia Cobey

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

14. INFORMANT Alex Smith
(Address) Lewistown Mo

15. FILED 4/17 1930 J. L. Bourne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 24 day of Feb. 1930, to 16 day of April 1930 that I last saw h. — alive on April 16 1930, and that death occurred, on the date stated above, at 11 0 — m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Tuberculosis
3/24 H

CONTRIBUTORY (SECONDARY) Tuberculosis
(duration) X yrs. 6 mos. X ds.
(duration) X yrs. X mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH, Mo DATE OF —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physician's findings
(Signed) H. H. Reed, M. D.
, 19 (Address) Labelle 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 Labelle Cemetery DATE OF BURIAL April 18 1930

20. UNDERTAKER James J. Cochr ADDRESS Labelle Missouri

