

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

Do not use this space.

19786

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2007
 City Jasper (No. _____) St. _____ Ward _____

2. FULL NAME Annie Smith
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) 1500 E. 6th (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.

File No. _____
 Registered No. _____

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 Sam Smith
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 19 Jan 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 4 24
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. house-work
 (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) Mississippi
 10. NAME OF FATHER Jack McDonald
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
 12. MAIDEN NAME OF MOTHER McDonald
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) moreland

14. INFORMANT Jessie
 (Address) _____

15. FILED 6/4/30 A. Benson Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12-30
 17. 2 HEREBY CERTIFY, That I attended deceased from 6-11-30 1930 to 0-11-30 1930 that I last saw her alive on 6-11-30 and that death occurred, on the date stated above, at 12-00 AM.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED Missouri
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. W. Huchester M. D.
6-13-30 (Address) Joplin 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 Service Center DATE OF BURIAL 6-13-30
 UNDERTAKER Hurlburt & Co ADDRESS Joplin 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.

12-2-30

5-2-30

1-30

