

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

Do not use this space.

20105

1. PLACE OF DEATH

County Montgomery Registration District No. 689
 Township Bob Creek Primary Registration District No. 5787
 City Janesburg (No.) St. Ward)

2. FULL NAME

Rose 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 F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 8 2

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) Montgomery Co MD

10. NAME OF FATHER Charles English

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) MD

12. MAIDEN NAME OF MOTHER Doris Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) MD

14. INFORMANT David Smith
 (Address) Janesburg MD

15. FILED June 21 1930 C. A. Ball
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1930

17. I HEREBY CERTIFY That I attended deceased from Dead in Jan 2 1930
 that I last saw him alive on 10 30 29 and that death occurred, on the date stated above, at 10 30 29 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxic Epith
B.B.B
692 (duration) 4 yrs. mos. ds.
 CONTRIBUTORY Genius flesh
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physic
 (Signed) C. A. Ball M. D.

, 19 (Address) Janesburg MD

*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 Janesburg MD DATE OF BURIAL June 21 1930

20. UNDERTAKER C. M. Thurman ADDRESS Janesburg MD

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.

JUL 23 1930

