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

Do not use this space.
20583
~~20681~~

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No. ~~1160~~
Township Central — Primary Registration District No. 4470 — Registered No. 60
City UNIVERSITY CITY Mo (No. 1032 LEONA St. Ward)

2. FULL NAME EMMA B. SMITH.
(a) Residence. No. 1032 LEONA 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: WHITE.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): MARRIED.

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: RICHARD R. SMITH.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9/3/1880.

7. AGE: YEARS 49 — MONTHS 9 — DAYS 26 — 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) (STATE OR COUNTRY): ILLINOIS.

PARENTS
10. NAME OF FATHER: JAMES GREENWOOD HAPPY.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY.
12. MAIDEN NAME OF MOTHER: MARTHA A. TAFTT.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS.

14. INFORMANT: Richard R. Smith
(Address) 1032 Leona University City Mo

15. FILED 6/30, 1930 Lena V. Moeller D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/29/30. 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to June 29, 1930 that I last saw her alive on June 28, 1930 and that death occurred, on the date stated above, at 12-15 A.m.

THE CAUSE OF DEATH* ~~WAS AS~~ FOLLOWS:
BC Hypertention
OV
Chronic Myocarditis
Dont Know
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? TOB
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) C. C. Presnell, M. D.
6-29, 1930 (Address) 6070 Maple

*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: JACKSONVILLE ILL.
DATE OF BURIAL: 7/2/30 19

20. UNDERTAKER: Provost Lund Co
ADDRESS: 3710 N. Grand

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.