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

Do not use this space.

22633

1. PLACE OF DEATH

County Harrison — Registration District No. 341 — File No.

Township — Primary Registration District No. 4204 — Registered No. 12

City Ridgeway (No. ..... St. ..... Ward)

2. FULL NAME Mary Smith Giles

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E. M. Giles

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 2, 1846

7. AGE: Years 84 — Months 3 — 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): Harding County Ky

PARENTS

10. NAME OF FATHER: Hercules Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ky
12. MAIDEN NAME OF MOTHER: Mary Ellen Lemmon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ky

14. INFORMANT: E. M. Giles
(Address) Ridgeway Mo

15. FILED 8/7 1930 Lela Bremer REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 13th, 1930 to June 14, 1930 that I last saw h..... alive on June 14th, 1930 and that death occurred, on the date stated above, at 12:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
8 2 00
9 7
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(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? None

(Signed) E. L. Houghton, M. D.
6/19, 1930 (Address) Ridgeway 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~~: Ridgeway Cemetery — DATE OF BURIAL: June 19 1930

20. UNDERTAKER: O. P. Ragan — ADDRESS: Ridgeway 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.