

OCT 28 1930

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

Do not use this space.

29356

1. PLACE OF DEATHCounty CarterRegistration District No. 1030Township KellyPrimary Registration District No. 5-206City (No.)File No. Registered No. St. Ward **2. FULL NAME**Edith Smith Corzine(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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**Doyle Corzine**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct. 18, 1903**7. AGE**YEARS 26MONTHS 10DAYS 21If 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) Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER Mr. Drew Jackson Smith**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**(STATE OR COUNTRY) Mo.**12. MAIDEN NAME OF MOTHER** Sarah Catherine Hunsford**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**(STATE OR COUNTRY) Mo.**14.**INFORMANT A. L. Smith
(Address) Chilton, Mo.**15.**FILED 10.13.1930Gladys Blaine
REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept. 8, 1930**17. I HEREBY CERTIFY, That I attended deceased from** July 20, 1930 **to** Sept. 8, 1930that I last saw her alive on Sept. 7, 1930 and that death occurred, on the date stated above, at m.**THE CAUSE OF DEATH* WAS AS FOLLOWS:**Chronic Interstitial nephritis1277(duration) 3 yrs. mos. da.**CONTRIBUTORY**

(SECONDARY)

Arterio Sclerosis of heart (duration) 6 yrs. mos. da.**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

12900 DATE OF

WAS THERE AN AUTOPSY?

WHICH BEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Chilton, M. D., 19 (Address) Van Buren, 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**DATE OF BURIAL**Van Buren Cem.9-9-1930**20. UNDERTAKER****ADDRESS**J. R. BurnsWillow Springs

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.

