

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.

OCT 29 1930

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

Do not use this space.

30383

1. PLACE OF DEATH  
 County Lawrence Registration District No. 467  
 Township Aurora Primary Registration District No. 3628  
 City Aurora (No. BFD St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME Cora Elizabeth 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 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 C. J. Smith  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2-1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 0 20

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) Ohio

PARENTS  
 10. NAME OF FATHER Stewart  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT (Address) C. J. Smith Aurora, Mo.

15. FILED Oct 1, 1930 W. J. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 1930  
 17. I HEREBY CERTIFY, That I attended deceased from June, 1930 until Sept 22, 1930  
 that I last saw h. \_\_\_\_\_ alive on Sept 14, 1930 and that death occurred, on the date stated above, at \_\_\_\_\_ P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
myocarditis  
93C-  
 (duration) 3 yrs. 4 mos. 4 ds.  
 CONTRIBUTOR (SECONDARY) 90B  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS no  
 (Signed) J. A. Johnson M. D.  
 . 19 (Address) Aurora 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  
Maple Park Cem. 9/25 1930  
 20. UNDERTAKER ADDRESS  
King Funeral Home Aurora Mo

