

DEC 22 1930

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

Do not use this space.

File No. **35721**  
Registered No. ....  
St. .... Ward)

1. PLACE OF DEATH

County Wallas Registration District No. 243  
Township Shelidan Primary Registration District No. 336  
City Fair Grove (No. ....)

2. FULL NAME Millie 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25 1930

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

17. I HEREBY CERTIFY, That I attended deceased from June 1930 to Nov 25 1930 that I last saw her alive on Nov 20, 1930, and that death occurred, on the date stated above, at 7 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-28-1913

18. THE CAUSE OF DEATH WAS AS FOLLOWS:  
Diphtheria

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
17 5 — —

19. CONTRIBUTORY (SECONDARY) 57 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work School Girl (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

20. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS (Signed) E. M. Pacey, M. D. Nov 20, 1930 (Address) Shelidan Mo

9. BIRTHPLACE (CITY OR TOWN) Dallas Tx (STATE OR COUNTRY) Texas

PARENTS

10. NAME OF FATHER Richard Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Beulah Norton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri (STATE OR COUNTRY)

14. INFORMANT Richard Smith (Address) Fair Grove Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL mt. Olive Cemetery DATE OF BURIAL Nov 26 1930

15. FILED 12/10 1930 M. J. Red REGISTRAR

20. UNDERTAKER L. B. Jones ADDRESS Buffalo Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

