

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

Do not use this space.

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FEB 18 1931

**1. PLACE OF DEATH**

County Wagoner Registration District No. 251  
 Township Shawnee Primary Registration District No. 2350  
 City Lawson (No. 2346)

File No. 716  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Angeline 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David Smith</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 27 1856</u>		
7. AGE <u>74</u> YEARS	<u>3</u> MONTHS	<u>19</u> DAYS
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) Indiana

PARENTS	10. NAME OF FATHER <u>John Mites</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>

14. INFORMANT David Mites  
 (Address) Lawson

15. FILED Jan 30 1931 M.C. H. C. Cunningham  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1931

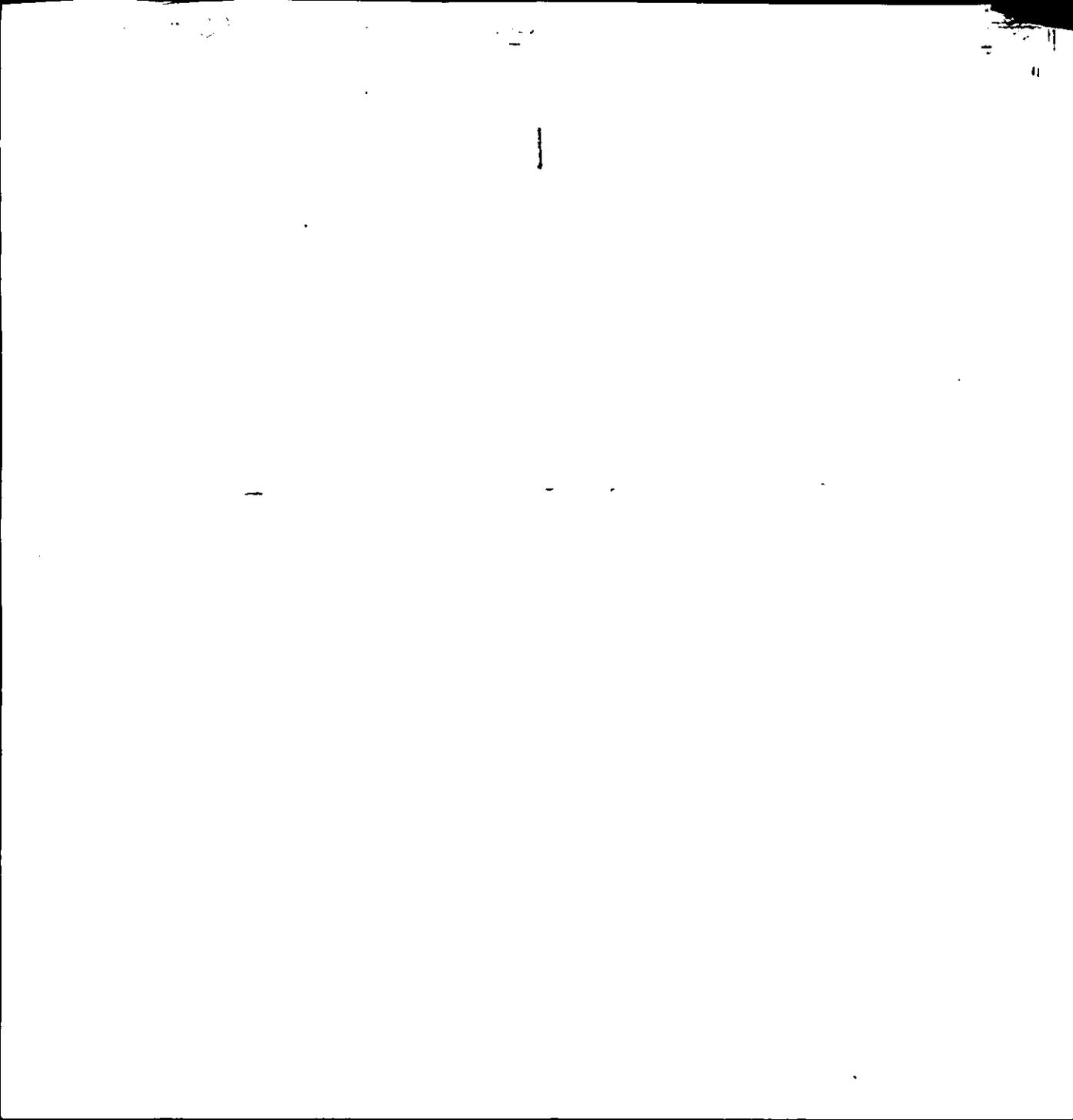
17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931, to Jan 16 1931 that I last saw him alive on Jan 130, 1931, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chr Pericardium nephritic  
151  
160  
 (duration) 3 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Senility  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) Ph. Gardner, M. D.  
1/17 1931 (Address) Gallatin 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 <u>Victoria Church</u>	DATE OF BURIAL <u>Jan 17 1931</u>
20. UNDERTAKER <u>H. S. Roberson</u>	ADDRESS <u>Lawson</u>



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Daviess Registration District No. 25-1  
Township Grand River Primary Registration District No. 3-350  
City (No. St. Ward)

**2. FULL NAME**

Angeline Smith

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Smith

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to Jan 16 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27-1856

I last saw h. e. alive on Jan 10 1931 Death is said to have occurred on the date stated above, at 130 P. M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 64 3 19

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Data deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Chronic parenchymatous nephritis Date of onset 3 yrs

Other contributory causes of importance:

Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER FATHER 13. NAME John Mires

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) David Davies

18. BURIAL, CREMATION, OR REMOVAL PLACE Wickory Creek DATE Jan 17 1931

19. UNDERTAKER (ADDRESS) H. S. Roberson

20. FILED 1932 Inspector Heider Registrar

Name of operation None Date of None  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19  
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) D. D. Gardner, M. D.  
(Address) Gallatin Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

**SUPPLEMENTARY**

May 10

S-716