

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

Do not use this space.

9126

1. PLACE OF DEATH

County Ledard Registration District No. 163
Township _____ Primary Registration District No. 4095
City Eldorado Springs No. 121 W Broadway St. _____ Ward _____

File No. _____
Registered No. 21 St. 1st Ward _____

2. FULL NAME

(a) Residence. No. 121 W Broadway St. 1st Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.W. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-19-1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
94 | 3 | 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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)

PARENTS
10. NAME OF FATHER Marion Plank
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ills
12. MAIDEN NAME OF MOTHER Jane Ricketts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Vir

14. INFORMANT E.E. Smith
(Address) Eldorado Spgs. Mo

15. FILED 3/30 1931 J.W. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March-25 1931

17. I HEREBY CERTIFY, That I attended deceased from 12 _____, 1931, to March 25, 1931 that I last saw her alive on March 27, 1931, and that death occurred, on the date stated above, at _____ 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Paralysis

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

18 DID AN OPERATION PRECEDE DEATH. DATE OF _____

18 WAS THERE AN AUTOPSY? _____

18 WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) B. B. Dawson M. D.

320 1931 (Address) Eldorado Spgs. 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 _____

City Cem 3/30 1931

20. UNDERTAKER _____ ADDRESS _____

Guinn Siders Eldorado Springs 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.

APR 21 1931

