

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

Do not use this space.

15162

1. PLACE OF DEATH

County Pemissat
Township
City Hayti (No.)

Registration District No. 65-3
Primary Registration District No. 4390

File No.
Registered No. 29
St. Ward

2. FULL NAME Willie Stallings 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-8-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 6 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1.35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayti, Mo. Mo.

FATHER 13. NAME Bill Stallings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumners Mo.

MOTHER 15. MAIDEN NAME Ossie White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Mo.

17. INFORMANT Mrs. Ossie Baker
(ADDRESS) Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti, Mo. DATE 4-5-1931

19. UNDERTAKER La Forge Undertaking Co
(ADDRESS) Southeyville, Mo.

20. FILED 4-3-1931 La Forge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-2-1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1931, to Apr 2, 1931.
I last saw her alive on Apr 2, 1931. Death is said to have occurred on the date stated above, at 11:40 a.m.

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

Lobar Pneumonia
108
108
Other contributory causes of importance: 0

Date of onset 3-25-31

Name of operation Date of
What test confirmed diagnosis? Examination 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? Re
If so, specify
(Signed) William H. Pitt, M. D.
(Address) Hayti, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. PHYSICIANS SHOULD STATE EXACTLY. AGE SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. MAY 27 1931

