J W Arnold

Do not use this space.

17637

JUL 24 1931

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.

WRITE PLAINLY, WITH UNFADING INK——THIS IS A PERMANENT RECORD

1. PLACE OF DEATH

County Gentry

Township Howard

City Lone Star (No. , St. Ward)

Registration District No. 309

Primary Registration District No. 54 34

File No.

Registered No. 25

2. FULL NAME Donna Ruth 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1930

| 7. AGE | YEARS | MONTHS 2 | DAYS 14 | If LESS than 1 day, ...hrs. or ....min. |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (CITY OR TOWN) Lone Star (STATE OR COUNTRY) Missouri

13. NAME

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

MOTHER

15. MAIDEN NAME Beulah Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Alvin Smith Albany R.F.D. #4

18. BURIAL, CREMATION, OR REMOVAL PLACE Lone Star DATE May 31 19 31

19. UNDERTAKER (ADDRESS) J R Shockley

20. FILED June 24, 1931 W.T. Martin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May the 30 19 31

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1931, to May 30, 1931

I last saw her alive on May 30 1931. Death is said to have occurred on the date stated above, at 7 30 p.m.

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

| | Date of onset |

Broncho-Pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) W.T. Martin , M. D.

(Address) Albany, Mo.