

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

Do not use this space.

1. PLACE OF DEATH

County Terry
Township
City Calhoun (No.)

Registration District No. 349
Primary Registration District No. 4307

File No. 21241
Registered No. 38
St. Ward)

2. FULL NAME

Emma Jane Smith
(a) Residence. No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. G. Smith
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 14

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

9. BIRTHPLACE (CITY OR TOWN) Fairfax County
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Samuel Hutchison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Mary Lusk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT J. G. Smith
(Address) Calhoun Iowa

15. FILED Aug 3 1931 Geo. A. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1931
17. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to June 22 1931 that I last saw h. or alive on June 22 1931 and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic insufficiency
92A
92A
CONTRIBUTORY (SECONDARY) 92A
(duration) 12 yrs. 6 mos. ds.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. P. Peckard M. D.
, 19 (Address) Calhoun Iowa

*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 Calhoun Cemetery DATE OF BURIAL June 24 1931

20. UNDERTAKER J. O. Housey ADDRESS Calhoun Iowa

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.

21241-a SEP 22 1931

PARENTS

