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.

AUG 24 1931

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

Do not use this space.

24300

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 3026 Mitchell Avenue, St. Ward)

File No.
Registered No. 787

2. FULL NAME Martha Frances Smith,
(a) Residence, No. 3026 Mitchell Ave. 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. 2 mos. 15 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,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1852

7. AGE — YEARS: 78 — MONTHS: 8 — DAYS: 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home,
10. Date deceased last worked at this occupation (month and year) August 1930.
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County, Missouri,

FATHER
13. NAME James Grinstead,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER
15. MAIDEN NAME — Dawson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT (ADDRESS) Clayton Smith 3026 Mitchell Avenue,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blythedale Mo DATE July 28 1931

19. UNDERTAKER (ADDRESS) Heaton-Belsole & Bowman 319 S. 10th St. Funeral Home

20. FILED 7-27-31 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1931 to July 27, 1931
I last saw her alive on July 23, 1931. Death is said to have occurred on the date stated above, at 5:450 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
91	
100	
Entero Colitis-Chronic	about Jan 1931

Other contributory causes of importance: Arterio-Sclerosis

Name of operation none Date of
What test confirmed diagnosis? clinical findings 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? no
If so, specify
(Signed) H W Carle M.D.
(Address) 301 Phys & Surg Bldg