WRITE FEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 22 1931

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

Do not use this space.

30719

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township " " Primary Registration District No. 5178
City " " (No. R-FD St. Ward)

File No.
Registered No. 789

2. FULL NAME Mrs Maggie 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Silas Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st - 1890
7. AGE YEARS 40 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County

FATHER
13. NAME John Doyle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Jane Foley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carbondale Ill

17. INFORMANT Mr James Foley
(ADDRESS) 250 3 N 38 St. Fairmont Ill
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemetery Sept 27 1931
19. UNDERTAKER Printon & Howell Funeral Home
(ADDRESS) Cape Girardeau Mo
20. FILED 9-26- 1931 W C Kaimpfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1931, to Sept 26, 1931
I last saw her alive on Sept 23, 1931. Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

Cancer lower jaw Right side — Date of onset about 2 yrs

45 D

Other contributory causes of importance:

45 D

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? no
If so, specify
(Signed) W. A. Schwen, M. D.
(Address) Cape Girardeau Mo