

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

31020
 Dr. Wallis Smith
 File No. _____
 Registered No. **671**
 St. _____ Ward)

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield, Mo. Baptist Hospital No. _____ St. _____

2. FULL NAME

(a) Residence, No. Houston, Mo. St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>John H. (Dec)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 26 - 1880</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>11</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house</u>		
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) <u>Ohio</u>		
13. NAME <u>Orville Fern</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>John A. Schelling Houston, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Houston</u> DATE <u>9-13-1931</u>		
19. UNDERTAKER (ADDRESS) <u>Alma Schmeier, Home Springfield, Mo.</u>		
20. FILED <u>9-11</u> 19 <u>31</u> <u>John Sharp</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

2. 2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1931

22. I HEREBY CERTIFY, that I attended deceased from Sept 6 1931 to Sept 11, 1931
 I last saw her alive on Sept 11, 1931 Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cholecystitis
12719
12713
 Other contributory causes of importance:
Malignant Gall Bladder

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) Wallis Smith, M. D.
 (Address) Springfield, Mo.

WRITE PLAINLY, 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.

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