

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

Do not use this space.

31154

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence (No. 112 S. Fuller) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 364  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Mrs. Mary L. Smith.**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Pontiac, Ill.  
(Usual place of abode)  
Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Elmer E. Smith.</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 9, 1865</b>		
7. AGE	YEARS <b>66</b>	MONTHS <b>2</b>
	DAYS <b>3</b>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>NONE</b>	
	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) <b>Deerfield, Illinois</b>		
FATHER	13. NAME <b>Handee</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
MOTHER	15. MAIDEN NAME <b>Unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
17. INFORMANT <b>A. H. Smith</b> (ADDRESS) <b>112 S. Fuller Indep. Mo.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Chenoa, Ill.</b> DATE <b>Sept. 12, 1931</b>		
19. UNDERTAKER <b>Stahl Funeral Home</b> (ADDRESS) <b>815 W. Maple Indep. Mo.</b>		
20. FILED: <b>9-12-31</b> <b>HCook</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 12, 1931** . 1931

22. I HEREBY CERTIFY That I attended deceased from Aug 11, 1931 to Sept 12, 1931  
I last saw him alive on Sept 7, 1931. Death is said to have occurred on the date stated above, at \_\_\_\_\_ a. m.  
The principal cause of death and related causes of importance were as follows:  
**Myocarditis**  
**Senile dementia yrs**

Other contributory causes of importance:  
**None**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Chemical** 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) **Chas. Yeaman** M. D.  
(Address) **Independence 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.

OCT 23 1931

