

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

Do not use this space.

38300

1. PLACE OF DEATH

County Madison Registration District No. 547
 Township Madison Primary Registration District No. 3679
 City Hannibal (No. Leaning Hospital) St. 6 Ward 297

File No.
 Registered No. 297
 St. 6 Ward 297

2. FULL NAME

Lena Bell Smith
 (a) Residence, No. Hannibal R.F.D. #2 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 12th 1931</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
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>Hannibal Mo</u>		
MOTHER / FATHER	13. NAME <u>Arnold O. Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jesse County Ill</u>	
	15. MAIDEN NAME <u>Rose M. Foyle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Princeton Ill</u>	
17. INFORMANT <u>Arnold O. Smith</u> (ADDRESS) <u>R.F.D. #2 Hannibal</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olnet</u> DATE <u>11/18/1931</u>		
19. UNDERTAKER <u>James O'Connell</u> (ADDRESS) <u>Hannibal Mo</u>		
20. FILED <u>Nov 17 1931</u> <u>Missouri</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/15/1931

22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1931, to 11-15, 1931
 I last saw her alive on 11-15-31 1931 Death is said to have occurred on the date stated above, at 3:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Gastro Enteritis
1193
119
 Other contributory causes of importance:

7. 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) J. H. Ardery M. D.
 (Address) Hannibal 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.

