

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.

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

Do not use this space.

2671

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. 2930 Green Ave)

File No. \_\_\_\_\_  
Registered No. 365  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna Bishop Smith

(a) Residence, No. 2930 Green Ave St. 20 Ward. (If nonresident, give city or town and State)  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Yellow Springs Ohio

FATHER 13. NAME Mary Jane McCelland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Ohio

MOTHER 15. MAIDEN NAME Noah Bishop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conn

17. INFANT (ADDRESS) Chas N. Smith 2930 Green Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellfontaine DATE Jan 12 1932

19. UNDERTAKER (ADDRESS) O. B. Lupton & Sons 4449 Olive St.

20. FILED Jan 12 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1932

22. HEREBY CERTIFY that I attended deceased from June, 1931, to Jan 10, 1932. I last saw him alive on Jan 10, 1932. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Dilatation of heart -  
mitral regurgitation -  
as a  
con  
95B  
92A  
Other contributory causes of importance:  
Chronic myocarditis  
Senility

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) [Signature], M. D.  
(Address) 870 Beaumont

870 Hawaii