

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.

3369

PLACE OF DEATH

County Saline Registration District No. 796
Township _____ Primary Registration District No. 3038
City Marshall, Mo. St. _____ Ward _____

File No. _____
Registered No. 181

2. FULL NAME Zelaka Jane 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1851

7. AGE: YEARS 80 MONTHS 6 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Spicer Co. Kentucky (STATE OR COUNTRY) 2

13. NAME Johna Gillispie

14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY) _____

15. MAIDEN NAME Harritte M. Hooper

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

17. INFORMANT Harry Smith (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Chapel DATE Jan 7 1932

19. UNDERTAKER J. L. Burmy (ADDRESS) Marshall, Mo.

20. FILED 1-8 19 32 Wm. J. McQuinn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 31 1931 to Jan 7 1932
I last saw her alive on Jan 7 1932 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
108
935/108
Date of onset 12/30/31

Other contributory causes of importance:
Chronic myocarditis

Name of operation 8 Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) H. Manning, M. D.
(Address) Marshall, Mo.

