MARGIN RESERVED FOR BINDING

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.

MAR 21 1932

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 3759
Township — Primary Registration District No. 1001 — Registered No. 109
City St. Joseph, (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME Lillian E. Smith,
(a) Residence, No. 3118 Mitchell Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 yrs. 5 mos. 23 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): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harry O. Smith,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 9, 1893
7. AGE: YEARS 38 — MONTHS 5 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home, 235
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): Saint Joseph, Missouri, 1

FATHER
13. NAME: Ottmer T. Schleicher,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ann Arbor, Michigan, 2

MOTHER
15. MAIDEN NAME: Adeline Sussman,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Allentown, Pennsylvania,

17. INFORMANT (ADDRESS): Harry O. Smith 3118 Mitchell Avenue,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Feb'y. 4, 1932
19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman 319 S. 10th. St. Funeral Home
20. FILED FEB 3 1932 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 2nd, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug, 1931, to Feby 2nd, 1932
I last saw her alive on Feby 1, 1931. Death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	mch
1297	
930	

Other contributory causes of importance:
Obstruction common bile duct from postoperative adhesions - operative relief of the adhesion
Name of operation Exploratory Date of Jany 27
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (1) 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. S. Forgrave, M. D.
(Address) St Joseph Mo.