

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

Do not use this space.

4530

**1. PLACE OF DEATH**

County Jackson Registration District No. 298  
 Township Blue Primary Registration District No. 2019  
 City Independence (No. 501 West - South) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 62  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 501 West South 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) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. H. Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-22-1933  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
98 1 29

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

MOTHER 13. NAME Overton Maupin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Mary Mars

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

17. INFORMANT Mrs. Geo Hopkins  
 (ADDRESS) 501 West South

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee Cem DATE Feb. 20 1932

19. UNDERTAKER A. P. Doehler  
 (ADDRESS) 1415 East 15th R. & mo

20. FILED Feb. 19 1932 J. L. Cook  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1932, to Feb 18 1932  
 I last saw h. or alive on Feb 16 1932 Death is said to have occurred on the date stated above, at 5-8 P.m.  
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 2-15-32  
930  
107A

Other contributory causes of importance: Chronic Myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy 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) W. R. Fuster \_\_\_\_\_, M. D.  
 (Address) 1529 Lister

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 23 1932

1529 Lister

B.C. - 2865