

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

Do not use this space.

5124

1. PLACE OF DEATH
 49 County Jasper Registration District No. 411
 7 Township Jasper Primary Registration District No. 2000
 5 City Joplin (No. 2119) Joplin, Mo. St. _____ Ward _____

2. FULL NAME Margie 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7, 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>13</u>	<u>7</u>	<u>10</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER William R. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elsa Nelson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Okla
 (STATE OR COUNTRY)

14. INFORMANT William R. Smith
 (Address) Joplin, Mo

15. FILED 27 19 32 W. H. Benson Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 19 32

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932 to Feb 17, 1932 that I last saw her alive on Feb 17 - 3:45, 1932, and that death occurred, on the date stated above, at 4:0 p.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis
91A, 91B
1200 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) congestion of liver
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED (1)
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? Auscultation
 (Signed) J. J. Johnson D. C. P. C. M. D.
 . 19 32 (Address) 305 1/2 Main

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Roose Cemetery DATE OF BURIAL 2/19 1932

20. UNDERTAKER Norman E. Mitchell ADDRESS Seneca Mo

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.

APR 23 1932

