

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

Do not use this space.

5303

1. PLACE OF DEATH

81 County Ray Registration District No. 742
Township Booth Primary Registration District No. 5977a
City Rayson (No.)

File No.
Registered No.
St. Ward

2. FULL NAME

Mary L. 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)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 - 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 | 4 | 11 | hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alto 2
(STATE OR COUNTRY)

10. NAME OF FATHER D. Witt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cent. Know 31
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eiza Tunnell

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

14. INFORMANT (Address) Mary Kate Williams
6 Emerson Mo

15. FILED Mar 3, 1932 E. L. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25th 1932

17. I HEREBY CERTIFY, That I attended deceased Feb.
25th 1932, to Feb. 25th 1932
that I last saw h. m. alive on Feb. 25th 1932, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Theobromin
old age
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
1932 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS Diagnosis by Chemist
(Signed) Edward Shouse, M. D.
, 19 (Address) Rayson Mo

*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 Lawson Mo. DATE OF BURIAL Feb 26, 32

20. UNDERTAKER E. M. Ward ADDRESS Lawson 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 24 1932

