

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

Do not use this space.

7497

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. 4632)

Registration District No. 85
Primary Registration District No. 100

File No.
Registered No. 298
St. Ward

2. FULL NAME Charity Elizabeth Smith

(a) Residence, No. 4632 King Hill 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 3 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235 234 B

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) Plattsburg MO.

FATHER 13. NAME Armsteade Booker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg MO.

MOTHER 15. MAIDEN NAME Jencie Capps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg MO.

17. INFORMANT Margie Smith (ADDRESS) 4632 King Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE March 24, 1932

19. UNDERTAKER Ramsey Funeral Service (ADDRESS) 833 So. 9th. St.

20. FILED MAR 29 1932 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1931 to March 26, 1932. I last saw her alive on March 26, 1932. Death is said to have occurred on the date stated above, at 8:30 Am.

The principal cause of death and related causes of importance were as follows:

February TB. 6/21 1931

Other contributory causes of importance:

Asthenia Sept. 1930

Name of operation 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? (D) 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 Fenton N. Hubbard M. D.
(Signed) Fenton N. Hubbard
(Address) 216 1/2 W. 7th. Ave.

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.

APR 25 1932

