

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

Do not use this space.

8940

File No. _____
Registered No. 30
St. _____ Ward _____

1. PLACE OF DEATH
 49 County Jasper Registration District No. 417
 11 Township _____ Primary Registration District No. 3021
 7 City Webb City (No. _____)

2. FULL NAME Mrs. Mary @ Smith
 (a) Residence. No. 523 N. Perry 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. H. Smith</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 21 1870</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>7</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>235</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Sturgis</u> (STATE OR COUNTRY) <u>Missouri</u>		
PARENTS	10. NAME OF FATHER <u>Pat. B. Smith</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>New York</u> (STATE OR COUNTRY) _____	
	12. MAIDEN NAME OF MOTHER <u>Safron Gardner</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>French</u> (STATE OR COUNTRY) _____	
14. INFORMANT <u>W. H. Smith</u> (Address) <u>Webb City, Mo.</u>		
15. FILED <u>3/17 1932</u> <u>R. M. Stormont</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10, 1932
 17. I HEREBY CERTIFY, That I attended deceased from 3-4, 1932, to 3-10, 1932
 that I last saw him alive on 3-10, 1932 and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

X2A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. Smith M.D.

3-14, 1932 (Address) Webb City, 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

DATE OF BURIAL

Sturgis, Miss.

3/12 1932

20. UNDERTAKER

ADDRESS

Webb City Lumber Co. Webb City

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 27 1932

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper

Registration District No. 417

Township Webb City

Primary Registration District No. 3121

City Webb City (No.)

File No.

Registered No. 31

St. Ward

2. FULL NAME

Mary O. Smith

(a) Residence, No. St., Ward.

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 7 19

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 5/31 1934

R. M. Stormont
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1932

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw him alive on , 19 . Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) , M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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