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

Do not use this space.

12004

1. PLACE OF DEATH

26 County Cole — Registration District No. 213 — File No. 83

3 Township Jefferson — Primary Registration District No. 3014 — Registered No.

8 City Jefferson (No. ..., ... St. ... Ward)

2. FULL NAME Armelia Smith

(a) Residence, No. Henley, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16th, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	28	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 235

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) Henry County Missouri

FATHER

13. NAME C.H.Wills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County Missouri.

MOTHER

15. MAIDEN NAME Hattie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Missouri.

17. INFORMANT (ADDRESS) Jasper Smith Henley, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hickory Hill Cem. DATE Apr. 15th, 1932

19. UNDERTAKER (ADDRESS) G.N.Steffens Russellville, Mo.

20. FILED 4-14-1932 W Bedford Registrar.

(3) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13th, 1932, 19

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

I last saw her alive on Apr. 13, 1932 Death is said to have occurred on the date stated above, at 6 P.m.

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

Uremia

Date of onset

① 149 B

Other contributory causes of importance:

Childbirth - Pneumonia
149 B Lobar
166

Name of operation ... Date of ...

What test confirmed diagnosis? Fat 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? No

If so, specify

(Signed) J. V. Bedford, M. D.

(Address) J. C. Mo.

MARGIN RESERVED FOR BINDING

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.

MAY 23 1932

V. S. No. 2.