

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

Do not use this space.

18454
19

1. PLACE OF DEATH

County *Jamez*

Registration District No. *859*

Township *Shrewsbury*

Primary Registration District No. *0130*

City

File No.

Registered No.

St.

Ward

2. FULL NAME

(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 *F*

4. COLOR OR RACE *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 2 - 1861*

7. AGE

YEARS *26*

MONTHS *X*

DAYS *16*

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

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 *0*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jawa 2*

MOTHER FATHER 13. NAME *Chs Coleman*

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

15. MAIDEN NAME *O'Bryant*

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

17. INFORMANT (ADDRESS) *Frank Smith*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Holy Sepulchre*

DATE

19

19. UNDERTAKER (ADDRESS) *Wolfe & Co*

20. FILED *5/18 1932*

PA *Frank Smith*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/18 1932*

22. I HEREBY CERTIFY, That I attended deceased from *May 17 1932* to *May 18 1932*

I last saw *her* alive on *May 18 1932* Death is said

to have occurred on the date stated above, at *10:50 a.m.*

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

apoplexy
gva gva

Date of onset *5/17/32*

Other contributory causes of importance: *none*

Name of operation *none*

Date of

What test confirmed diagnosis? *none* 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) *Harry T. Evans*

M. D.

(Address) *Holchester 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.

at 11:00 AM
in 11:00 AM

NOA 11:00 AM
11:00 AM

Case 11:00 AM
11:00 AM

**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 Taney
Township Oliver
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 859
Primary Registration District No. 6130

File No. _____
Registered No. 19

2. FULL NAME

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

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

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

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

OCCUPATION
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 5/20/32

19. UNDERTAKER (ADDRESS)

20. FILED 5/18 19 Pa. Thornhill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/18, 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.

Every item of information should be carefully furnished. A fee should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

5-18454