

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.

JUL 25 1932

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

Do not use this space.

20150

1. PLACE OF DEATH
 66 County Miller
 3 Township Richwoods
 5 City Bozaria (No. _____) St. _____ Ward _____

Registration District No. 662
 Primary Registration District No. 4331
 File No. _____
 Registered No. _____

2. FULL NAME Mabel (White) Smith

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 8 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 215
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
 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) Coatsburg Ill.?

FATHER
 13. NAME Jonathan White
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennington

MOTHER
 15. MAIDEN NAME Amanda Blackburn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn Ill

17. INFORMANT (ADDRESS) G. Byron Smith Bozaria, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary Ill DATE 6/22 1932

19. UNDERTAKER (ADDRESS) B. L. Casey Bozaria

20. FILED July 12 1932 W. H. Dow Krumpholtz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/14 1932 to 6/16 1932
 I last saw her alive on 6/15 1932 Death is said to have occurred on the date stated above, at 4 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
 Date of onset _____

Other contributory causes of importance:
550

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) E. W. Duncan, M. D.
 (Address) Bozaria, Mo.

