

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.

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

Do not use this space.

20675

1. PLACE OF DEATH
96 County St. Louis Registration District No. 188
12 Township Central Primary Registration District No. 25 S Maple 2471
8 City Webster Groves No. 25 S Maple St. 47 Ward 47

2. FULL NAME Mattie M. Smith
(a) Residence, No. 25 S Maple St., 47 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
6. IF MARRIED, WIDOWED, OR DIVORCED MARRIED TO (OR) WIFE OF Joseph W. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1954
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Yorristown, Indiana

13. NAME George Deivert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Proble, Ohio

15. MAIDEN NAME Anna Ann Mc Cain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul, Indiana

17. INFORMANT (ADDRESS) Anna Ruth Stone, Webster Groves

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE June 6, 1932

19. UNDERTAKER (ADDRESS) Parker Leland Co, Webster Groves

20. FILED 6-14-32 Dr. J. W. Nesting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1932
22. I HEREBY CERTIFY That I attended deceased from 1932, to 1932, I last saw him alive on 6:00 19 32. Death is said to have occurred on the date stated above, at 6:00 P.M.

The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Chronic Myocarditis
Date of onset —

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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. W. Nesting, M. D.
(Address) —

PA 27 1932

