

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.

AUG 23 1932

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

Do not use this space.

1. PLACE OF DEATH
38 County Greene Registration District No. 309
Township Boonville Primary Registration District No. 5434
City (No. _____) St. _____ Ward _____

2. FULL NAME Martha 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)

22483

File No. _____
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Freeman Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21-1840
7. AGE YEARS 92 MONTHS 9 DAYS 2 If LESS than 1 day, hrs. or min.
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) Unknown Illinois
13. NAME John Mc Shively
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31
15. MAIDEN NAME Rachel Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia
17. INFORMANT (ADDRESS) James E. Smith Albany Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE One Star DATE July 24 32
19. UNDERTAKER (ADDRESS) Edifford Brooke
20. FULL NAME W.D. Martin REGISTRAR

91 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1932
22. I HEREBY CERTIFY That I attended deceased from Mar. 1931, 1931 to July 23 1932
I last saw her alive on July 21 1932 Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart & nephritis
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) W.D. Martin, M. D.
(Address) Albany, Mo.

