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 25 1932

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

Do not use this space.

23287

1. PLACE OF DEATH

56 County Lewis — Registration District No. 477 — File No.

1 Township Canton — Primary Registration District No. 4286 — Registered No. 37

City Canton, Mo. (No. ..., ... St. ..... Ward)

2

2. FULL NAME Mrs. Frank W. Smith

(a) Residence, No. ..... 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: 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: Frank W. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 13 - 1899

7. AGE: YEARS 33 — MONTHS 6 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Canton, Mo.

FATHER

13. NAME: Sylvester M. Alderton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co. Virginia

MOTHER

15. MAIDEN NAME: Elizabeth Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo.

17. INFORMANT (ADDRESS): Mr. Frank W. Smith Canton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Forest Grove Canton Mo. DATE: July 28, 1932

19. UNDERTAKER (ADDRESS): F. D. Kelly, Canton, Mo.

20. FILED: 7-28, 1932 H. W. Harris M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 25, 1932

22. I HEREBY CERTIFY That I attended deceased from July 20, 1932, to July 25, 1932. I last saw her alive on July 25, 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

paralytic ileus — Date of onset: July 24 32

144A

149A

122P

Other contributory causes of importance:

pregnancy placenta

previa

Name of operation: Caesarian Section — Date of: July 22 32

What test confirmed diagnosis? Phys. ex. — 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. N. Waggoner, M. D.

(Address) Canton, Mo.