

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.

RECEIVED
AUG 22 1932

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

Do not use this space.

25898

1. PLACE OF DEATH
38 County Genney Registration District No. 309
Township Howard Primary Registration District No. 5434
City St. Louis (No. 1 St. 1 Ward)

2. FULL NAME Laura Irene Smith
(a) Residence, No. 1 St. 1 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George A. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1920
7. AGE YEARS 12 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year) Washington Center Missouri
11. Total time (years) spent in this occupation 10-10
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Center Missouri
13. NAME George A. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lane Star Missouri
15. MAIDEN NAME Alva A. Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barber County Kansas
17. INFORMANT George A. Smith (ADDRESS) Lane Star Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lane Star DATE Aug 27 1932
19. UNDERTAKER (ADDRESS) Clifford B. B. B.
20. FILED SEP 9 1932 W. H. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1932 to Aug 28 1932
I last saw her alive on Aug 28 1932 Death is said to have occurred on the date stated above, at 7:30 P. M.
The principal cause of death and related causes of importance were as follows:

Diphtheria

Date of onset

Other contributory causes of importance:

3. 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) S. O. Harding S. O. Albany Mo.
(Address) Albany Mo.

