

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

Do not use this space.

28705

1. PLACE OF DEATH

17 County Carroll Registration District No. 138
Township Fairfield Primary Registration District No. 5202
City Wagoner (No. _____) St. _____ Ward _____

File No. _____

Registered No. 24

2. FULL NAME

Arlena Frances Smith
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 7 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 <u>FE</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter J. Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1893</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>4</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
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) <u>mo</u>		
13. NAME <u>Albini Horn</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va</u>		
15. MAIDEN NAME <u>Susanna Turner</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>va</u>		
17. INFORMANT (ADDRESS) <u>Mr. W. J. Smith</u> <u>Wagoner, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olive</u> DATE <u>Sept 27, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>B. F. Mead</u> <u>Wagoner, Mo.</u>		
20. FILED <u>Sept 27, 1932</u> <u>W. H. Thurston, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1932 to Sept 25 1932
I last saw her alive on Sept 25 1932 Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:
Scarlet Fever
Date of onset 9-19-32

Other contributory causes of importance:
Broncho-Pneumonia
Simple Meningitis

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? No
If so, specify _____
(Signed) W. H. Floyd P.O., M.D.
(Address) Wagoner Mo

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.

OCT 25 1932

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