

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.

28856-2

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1. PLACE OF DEATH
 County Madison Registration District No. 238
 Township Manor Primary Registration District No. 5328
 City (No. _____) St. _____ Ward _____

2. FULL NAME Emma Orizella Smith
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

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 P. N. Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1-1856
 7. AGE YEARS 76 MONTHS _____ DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 - 1932
 I HEREBY CERTIFY That I attended deceased from Sept 4 1932, to Sept 16 - 1932
 I last saw him alive on Sept 8, 1932. Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
 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) Lancaster, Pa.
 13. NAME Geo. W. Adams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME Julia Ann Farrar
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Thayer Smith, Golden City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE D.O. Collins DATE 9-19-32
 19. UNDERTAKER (ADDRESS) E. Phillips, Golden City, Mo.
 20. FILED 9-20 1932 J. A. Drew Registrar.

chronic interstitial nephritis Date of onset _____
Began at least two years ago
1931
 Other contributory causes of importance: 131
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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. B. Brooks, M. D.
 (Address) Golden City, Mo.

