

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

Do not use this space.

31225

**1. PLACE OF DEATH**

107 County Lexa Registration District No. 18  
Township Marion Primary Registration District No. 6139  
City (No. ) Ward

**2. FULL NAME**

Emmi Jane Farila Smart  
(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**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James J. Smart  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-1-1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 4 14  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Arkansas

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) oo 31

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) oo Cooper

17. INFORMANT (ADDRESS) Frank Smart

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Springs DATE 9/18 1922

19. UNDERTAKER (ADDRESS) Oct 1, 526, G. Francis

20. FILED Oct 1, 1922 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/14 - 1932  
22. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1931 to April 30 1931  
I last saw him alive on Don't remember Death is said to have occurred on the date stated above, at 4 P m.  
The principal cause of death and related causes of importance were as follows:

carcinoma of mouth Date of onset  
45C 45C

Other contributory causes of importance:  
(1)

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) R. A. Ryan, M. D.  
(Address) mtu phone

WRITE PLAINLY, WITH UNFADING INK. THIS IS A CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. 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 30 1932

