

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

Do not use this space.

38134

1. PLACE OF DEATH

108 County Vernon
6 Township
1 City Walker (No. _____)

Registration District No. 880
Primary Registration District No. 4533

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Sora Angelina 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sydney Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 - 1884
7. AGE YEARS 48 MONTHS 1 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ind

FATHER 13. NAME J W Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Carolina Straight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Ralph Smith Walker Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Vernon Cemetery DATE Nov 7 1932

19. UNDERTAKER (ADDRESS) Wm. Eichinger Nevada Mo

20. FILED 11/7 1932 O B Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932, to Nov 5 1932. I last saw her alive on Nov 5 1932. Death is said to have occurred on the date stated above, at 8:55 p.m. The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum 3-1-28
460 460 460
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ 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) O B Davis, M. D.
(Address) Walker 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.

JAN 5 1932

