

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

Do not use this space.

1229891

1. PLACE OF DEATH

County Jackson Registration District No. 388 File No. _____
 Township Raw Primary Registration District No. 1002 Registered No. 4890
 City R. C. No. (No. 2412, Lister, Mo.) St. _____ Ward _____

2. FULL NAME

Nora B. Smith
 (a) Residence, No. 2412 Lister St. 14 Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-5-1864</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>0</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>244</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
FATHER	13. NAME <u>James Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Anna Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>M. E. Lewis, 2210 East 31st St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harvey</u> DATE <u>12/20/32</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. C. L. Foster, 918 Broadway Ave.</u>		
20. FILED <u>12/21</u> 19 <u>32</u> <u>M. M. Crockett</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
Dwight Croner
 I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion with myocardial infarction Date of onset _____
 Other contributory causes of importance: 948 748
 Name of operation _____ Date of _____
 What test confirmed diagnosis autopsy Was there an autopsy yes

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) Dwight Croner, M. D.
 (Address) Dwight Croner

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

