

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

Do not use this space.

40573

1. PLACE OF DEATH

61 County Macon Registration District No. 526
Township Eda Primary Registration District No. 574.0
City Atlanta, Mo. (No.) St. Ward)

2. FULL NAME Laura Alice 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 5 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jim Smart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25, 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 1 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Adair Co. Mo. 1

FATHER 13. NAME W. A. Curnby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

MOTHER 15. MAIDEN NAME Hattie C. Woodrill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo. 2

17. INFORMANT Mrs John Love
(ADDRESS) Macon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopewell DATE Dec 26, 1933

19. UNDERTAKER Funeral Home
(ADDRESS) Atlanta Mo.

20. FILED Jan 5, 1933 A. E. Camblor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/19 1932, to Dec-27 1932
I last saw him alive on Dec 20 1932. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia Date of onset Dec
Broncho-pneumonia 10
Type 1932
Other contributory causes of importance: None

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 (1)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. E. Camblor, M. D.
(Address) Atlanta Mo

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.

