

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.

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

Do not use this space.

40635

1. PLACE OF DEATH  
 County Marion Registration District No. 577  
 Township Hannibal Primary Registration District No. 2029  
 City Hannibal (No. Levee) St. 6 Ward

2. FULL NAME Mildred Ross Smith  
 (a) Residence, No. Kallock, Mo St. \_\_\_\_\_ 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 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 George Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 1909

7. AGE YEARS 23 MONTHS \_\_\_\_\_ DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. \_\_\_\_\_  
 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) St Louis mo

FATHER  
 13. NAME Corman Ross  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER  
 15. MAIDEN NAME Loney Oliver  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Corman Ross  
 (ADDRESS) New London mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Bancroft DATE 12/4 1939

19. UNDERTAKER H. W. Jones  
 (ADDRESS) London mo

20. FILED Dec 31 1939  
C. C. Clausen  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1939, to Dec 2, 1939.  
 I last saw her alive on Dec 3, 1939. Death is said to have occurred on the date stated above, at 9 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Peritonitis  
140  
17-9-140  
 Other contributory causes of importance: abortion 6 1/2 mo

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Wm Norton, M. D.  
 (Address) Hannibal mo

