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.

46890

1. PLACE OF DEATH
74 County Nodaway — Registration District No. 625 — File No.
9 Township Polk — Primary Registration District No. 3031 — Registered No. 116
7 City Maryville (No. ..... St. ..... Ward)

2. FULL NAME Mary V Smith

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Frank Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1860

7. AGE — YEARS: 72 — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Boone Co Mo 1

FATHER
13. NAME George Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 2

MOTHER
15. MAIDEN NAME Anna Prather
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Mo 1

17. INFORMANT (ADDRESS) Mrs Frank Smart Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE 12-18 1932

19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maryville Mo

20. FILED 12-17 1932 Mamie E Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1932 to ——, 19..
I last saw her alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 2 45 Am. Dec 17, 1932
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage
89 A
10 V

Other contributory causes of importance:
Hypertension

Name of operation None 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? No 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) W. R. Jackson, M. D.
(Address) Physicians Bldg. Maryville Mo.