

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 41 556 File No. 1968 58
 Township Galena Primary Registration District No. 2002 Registered No. _____
 City Bell Outlets (No. _____) St. _____ Ward _____

2. FULL NAME

Elizabeth Ann 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 58 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 Henry Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 3 8

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) Iron Co. Tenn.

13. NAME J. W. Peales

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME — Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) W. J. Lewis
Opolis Tenn

18. BURIAL, CREMATION, OR REMOVAL PLACE Cal. Justice Mo DATE Jan 30 1933

19. UNDERTAKER (ADDRESS) Cal. Justice Mo
Opolis Tenn

20. FILED 1/25 1933 W. H. Clark
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1933

22. I HEREBY CERTIFY that I attended deceased from Apr 15 1932 to Jan 15 1933
 I last saw him alive on Jan 15 1933 Death is said to have occurred on the date stated above, at 10:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 131 93c
 Other contributory causes of importance: Chronic Nephritis

Name of operation 131 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) W. H. Clark, M. D.
 (Address) Joplin Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD FEB 28 1933 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.

