

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

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Monroe
City Monroe City (No.)

Registration District No. 581
Primary Registration District No. 4343

File No. 5558
Registered No. 6
St. Ward)

2. FULL NAME

Elizabeth Ann Smith
(a) Residence, No. 601 Sec 8 St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. P. Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30 - 1856</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>6</u>	DAYS <u>17</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>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u> 11. Total time (years) spent in this occupation <u>✓</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 16 1933

22. I HEREBY CERTIFY, that I attended deceased from Feb 2 1933 to Feb 16 1933

I last saw h. W. alive on Feb 16 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Feb 7 1933

Other contributory causes of importance:
82A J. W. Tatman

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hancock Co Illinois</u>
	13. NAME <u>J. W. Tatman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Susan Keith</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	17. INFORMANT <u>Delia Smith</u> (ADDRESS) <u>601-2 St Monroe City Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Judas Cemetery</u> DATE <u>Feb. 18. 33</u>	
19. UNDERTAKER <u>Wilson & Son</u> (ADDRESS) <u>Monroe City Mo.</u>	
20. FILED <u>2/17</u> 19 <u>33</u> <u>O. W. Wilson</u> <u>Registrar.</u>	

Name of operation ✓ Date of Feb 16

What test confirmed diagnosis? Physical Examin 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 ✓ 1933
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 John H. Keith M. D.
(Signed) Monroe City Mo
(Address)

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.

30 1933

RECORDS THIS IS A PERMANENT RECORD

