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.

MAY 22 1933

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

Do not use this space.

85

12490

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 12490

Township — Primary Registration District No. — Registered No. 455

City St Joseph (No. State Hospital #2. St. Ward)

11 5 9

2. FULL NAME Edna L Smith

(a) Residence, No. 523 Hamburg Ave 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 White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown — Samuel S. Snith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13-1855

7. AGE — YEARS 77 — MONTHS 8 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Virginia Unknown

FATHER

13. NAME B. A. Barber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va Unknown Va.

MOTHER

15. MAIDEN NAME Anna M Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va Unknown, Va.

17. INFORMANT (ADDRESS) Records State Hosp #2 St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chilhowee, Mo. DATE Apr, 27, 1933

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 4-26 1933 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1933, to 4-25, 1933

I last saw her alive on 4-25 1933. Death is said to have occurred on the date stated above, 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis prior — Date of onset 4/17/33

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Other contributory causes of importance:

Chronic Myocarditis prior — 4/17/33

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

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? No

If so, specify

(Signed) Dr Clifton Smith, M. D.

(Address) State Hosp #2 St Joseph Mo