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

Do not use this space.

12938

1. PLACE OF DEATH
38
County *Gentry*
6
Township
City *Stanberry MO* (No.

Registration District No. **314**
Primary Registration District No. **4190**

File No.
Registered No. **8**
St. Ward)

2. FULL NAME *Lelia G. Smithers*

(a) Residence, No. *Stanberry MO* St. Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred *49* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
WIFE of *Ocker Smithers*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 19-1862*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	70	6	6	

OCCUPATION

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

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) *MO.*

FATHER

13. NAME *Lonkin K. Woods*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

MOTHER

15. MAIDEN NAME *Francis E. Payne*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

17. INFORMANT *Miss Bessie Smithers*
(ADDRESS) *Stanberry*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Stanberry MO* DATE *4-27-33*

19. UNDERTAKER *Leroy F. Phillips*
(ADDRESS) *Stanberry*

20. FILED *4/26* 19 *33* *C B Bison* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 25* 19 *33*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 10* 19 *33*, to *April 25*, 19 *33*
I last saw h— alive on *April 24-25*, 19 *33* Death is said to have occurred on the date stated above, at *8:5* p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Valvular Heart Disease

92A

Other contributory causes of importance:

92A

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) *Jas. A. Crockett* , M. D.
(Address) *Stanberry, Mo.*