

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

Do not use this space.

13695

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 400  
5 Township Marion Primary Registration District No. 3020  
City Carthage No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eva Lucille Smith  
(a) Residence, No. 415 Pine St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**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 Ernest Smith  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1893  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
39 9 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) Farmington Missouri

13. NAME Robert Lee Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Missouri

15. MAIDEN NAME Emma Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Missouri

17. INFORMANT Ernest Smith  
(ADDRESS) 415 Pine - Carthage, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Cemetery DATE Apr. 17, 1933

19. UNDERTAKER Kneel M. Peterson  
(ADDRESS) Carthage, Missouri

20. FILED Apr 15 1933 G. H. Hetcham  
Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1933 to Apr. 14, 1933  
I last saw her alive on Apr. 13, 1933 Death is said to have occurred on the date stated above, at 10 P.M.

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

Chronic myocarditis 10 yrs  
Chronic Nephritis 7  
Hypertension 10 yrs  
Other contributory causes of importance: 10 yrs

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis physical 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) George H. Wood, M. D.  
(Address) Carthage, Mo.

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

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

