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

Do not use this space.

17010

File No. 418

Registered No.

1. PLACE OF DEATH

County Lawrence — Registration District No. 467

Township ~~Aurora~~ — Primary Registration District No. 4280

City Aurora (No. 2 West Myrtle St. Ward)

55 1 4

2. FULL NAME Charlotte May Smith

(a) Residence, No. 2 West Myrtle 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	2	10	

OCCUPATION

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

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) Aurora Missouri

FATHER

13. NAME Charles E Smith

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

MOTHER

15. MAIDEN NAME Bertha Louise Carl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone County Missouri

17. INFORMANT (ADDRESS) Charles E Smith Aurora Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Park Cem. DATE May 16 1933

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo.

20. FILED 19 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933, to May 16, 1930

I last saw her alive on May 15, 1933. Death is said to have occurred on the date stated above, at 3 A.m.

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

	Date of onset
Mengitis	
119 B (from contagious)	4-14-33
79 A 79 A	

Other contributory causes of importance:

Gastro-intestinal-irritation

Name of operation Y Date of

What test confirmed diagnosis? Clinical 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 Y

(Signed) S N Townsend, M. D.

(Address) Aurora Mo

MARGIN RESERVED FOR BINDING

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.

JUN 23 1933

V. S. No. 2