

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

Do not use this space.

20374

1. PLACE OF DEATH

County Marion Registration District No. 527
 Township Marion Primary Registration District No. 2079
 City Hannibal (No. St. Elizabeth Hospital) St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 634 7th St. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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>Col</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>Barry Smith</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-15-1899</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>34</u>	<u>2</u>	<u>12</u>	
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.				
	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) <u>Mo</u>					
FATHER	13. NAME <u>Wm Reed</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
MOTHER	15. MAIDEN NAME <u>Susie Reed</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
17. INFORMANT <u>Barry Smith</u> (ADDRESS) <u>634 7th St</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Robinson</u> DATE <u>6-30</u> 19 <u>33</u>					
19. UNDERTAKER <u>Geo E Roberts</u> (ADDRESS) <u>Hannibal, Mo</u>					
20. FILED <u>July 7</u> 19 <u>33</u> <u>RH Deibolen</u> Registrar.					

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/27 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20 1933 to June 26 1933
 Last saw her alive on June 26 1933 Death is said to have occurred on the date stated above, at 12 _____ m.
 The principal cause of death and related causes of importance were as follows:

<u>Puerperal Septicemia</u>	Date of onset
<u>116 hr</u>	
<u>139 hr</u>	
<u>61 hr</u>	
<u>Other contributory causes of importance:</u> <u>Ovarian abscess Tuboid</u>	

Name of operation Refused 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) H. E. Meehan M. D.
 (Address) Hannibal Mo

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.

MO 26 1933

