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.

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

Do not use this space.

File No. 24034

Registered No. 174

1. PLACE OF DEATH

County Pettis — Registration District No. 668

Township — Primary Registration District No. 3032

City Sedalia (No. Bothwell Hosp St. Ward)

2. FULL NAME Myrtle Smith

(a) Residence, No. 805 E 13th 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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1886

7. AGE YEARS 46 MONTHS 11 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. 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) Mo

FATHER

13. NAME John Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Betty Harmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) John Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE Otterville Mo DATE 7-8 1933

19. UNDERTAKER (ADDRESS) Gillespie Fuel Home Sedalia Mo

20. FILED July 7, 1933 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to July 5, 1933

I last saw her alive on July 5 1933. Death is said to have occurred on the date stated above, at 5:55 p.m.

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

	Date of onset
Chr Myocarditis 93 C	6 yrs
93 C	
93 C	

Other contributory causes of importance:

Cardiac Asthma	1 month

Name of operation None Date of

What test confirmed diagnosis? Few days Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) J. M. B. Carlisle, M. D.

(Address) Sedalia Mo