

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1013  
 City St. Louis (No. Barnard Skin Cancer Hosp.) St. 21 Ward 25131  
 Registered No. 6556

**2. FULL NAME**

(a) Residence, No. 602 Live Oak St., 21 Ward, Desant, Okla.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 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) Single

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

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

7. AGE YEARS 69 MONTHS 11 DAYS 17 If LESS than 1 day, hrs. or min. abt. did not know date of birth

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

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) Mayfield Kentucky

13. NAME Harold Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Kentucky

15. MAIDEN NAME Mary Magness

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Bigge Smith ? Eleanor Coakrell

18. BURIAL, CREMATION, OR REMOVAL PLACE Desant Okla DATE 7-31-33

19. UNDERTAKER (ADDRESS) Loope 427 N. Euclid Ave

20. FILED Jul 28 1933 J. F. Bredecker Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 7/17, 1933, to 7/25, 1933

I last saw h.er. alive on 7/25, 1933. Death is said to have occurred on the date stated above, at 7 P.m.

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

Cardiac failure

45D

43

Date of onset

Other contributory causes of importance:

Cancer of jaw

Name of operation Excision of C. Date of 7/18/33

What test confirmed diagnosis? Micro. Was there an autopsy? N.

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? N.

If so, specify

(Signed) J. Tanning, M. D.

(Address) Barnard Skin + Ca Hosp.

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.

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