

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

Do not use this space.

**25872**

**1. PLACE OF DEATH**

17 County Carroll Registration District No. 137  
Township Hurrican, Primary Registration District No. 5795  
City..... (No....., St..... Ward)

File No.....

Registered No. 7

**2. FULL NAME Clara M. Smith**

(a) Residence, No..... St..... Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

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) March 9, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
67 5 13

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. House wife,  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Pleasant Hill, Ill. (STATE OR COUNTRY)

13. NAME Steven Green,  
14. BIRTHPLACE (CITY OR TOWN) Indiana, (STATE OR COUNTRY)

15. MAIDEN NAME Miller,  
16. BIRTHPLACE (CITY OR TOWN) Indiana, (STATE OR COUNTRY)

17. INFORMANT Lester Davis & Hale, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Coloma, DATE 8-23 1933

19. UNDERTAKER Clifford W. Austin, (ADDRESS) Tina, Mo.

20. FILED 8-23 1933 Cook Kemp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1933 to Aug 22 1933.

I last saw h. or alive on Aug 22 1933. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Carcinoma of the liver,  
Carcinoma of the Stomach Date of onset unknown

Other contributory causes of importance:

Cholelithiasis

Name of operation Cholecystotomy Date of July 17, 33

What test confirmed diagnosis? Autopsy Was there an autopsy? N.O.

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) M. G. Groves

(Address) M. G. Groves, 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.

SEP 26 1933

25872

2

2

2

