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.

OCT 20 1933

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

Do not use this space.

28895

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 156
City ~~Poplar Bluff~~ (No. , St. Ward)

2. FULL NAME Agusta Smith
(a) Residence, No. 4 mi. west of Poplar St. Bluff Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Henry Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10, 1855

7. AGE: YEARS 77 — MONTHS 9 — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Germany

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Fred Smith, Poplar Bluff, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Woodlawn — DATE: Sept. 12, 1933

19. UNDERTAKER (ADDRESS): Greer Undertaking Co., Poplar Bluff, Mo.

20. FILED: Sept. 12, 1933 — B. J. Clive, Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Sept 11, 1933
I last saw her alive on Sept 1, 1933. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
fracture of hip	
186A	
194B	
92A	

186a

Other contributory causes of importance:
Senility
Chronic or abortive
heart lesion.

Name of 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? accident — Date of injury Sept 1, 1933
Where did injury occur? at home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home
Manner of injury: fall from side of bed
Nature of injury: fracture neck femur.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Alfred R Rowe, M. D.
(Address) Poplar Bluff Mo.