

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

Do not use this space.

**30530**

**1. PLACE OF DEATH**

County Pettis

Registration District No. 268

Township \_\_\_\_\_

Primary Registration District No. 3032

City Sedalia (No. \_\_\_\_\_)

File No. 228  
Registered No. 228 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Georgeina Rudge Smith

(a) Residence, No. 1514 E 79 St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 23 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min.  
51      5      3

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.  
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) Scottsdale Penn

13. NAME George Rudge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Elizabeth Harper

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

17. INFORMANT Ms O C Smith (ADDRESS) Sedalia mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 10/1/33 19. \_\_\_\_\_

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia mo

20. FILED 9/29 1933 Jean Slack Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1932 to Sept 29th, 1933  
I first saw her alive on Sept 29, 1933 Death is said to have occurred on the date stated above, at 4:39 p.m.

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

Carcinoma of Cervix Date of onset 1-20-32  
48  
TIB  
Other contributory causes of importance Secondary Anemia 4 mos  
20 ago

Name of operation X-Ray and Radium only  
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? 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) Jno B Carlisle, M. D.  
(Address) 314 Tokio St Sedalia 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.

OCT 20 1933

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10/10