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.

NOV 10 1933

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

Do not use this space. Forbis

32832

1. PLACE OF DEATH

County Harrison — Registration District No. 340 — File No.

Township White Oak — Primary Registration District No. 5476 — Registered No.

City New Hampton (No. ..... St. ..... Ward)

2. FULL NAME Francis Robina Smith

(a) Residence, No. ..... 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 Female — 4. COLOR OR RACE White — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 1839

7. AGE YEARS 94 MONTHS 6 DAYS 5 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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 Keeper

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) Taswell Co Virginia

FATHER

13. NAME William Clayton

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

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont KNO Virginia

17. INFORMANT (ADDRESS) Margret Fink New Hampton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shady Grove DATE Nov 31 19

19. UNDERTAKER (ADDRESS) W J Noble New Hampton

20. FILED Nov 9 1933 J G Wilson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1933, to Oct 28, 1933

I last saw her alive on Oct 28, 1933. Death is said to have occurred on the date stated above, at 1:15 a.m.

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

Influenza — Date of onset

11B

11B

Other contributory causes of importance:

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? ..... 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) C B Forbis, M. D.

(Address) New Hampton Mo