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.

NOV 10 1933

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

Do not use this space.

35367

1. PLACE OF DEATH
103 County Stoddard — Registration District No. 834
Township Pike — Primary Registration District No. 6097
City Ordeala (No. ..... St. ..... Ward)

File No. .....
Registered No. 39

2. FULL NAME Elsie Florine 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. 4 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/4, 1933

7. AGE: Years ..... Months 4 Days 14 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. —
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) Ordeala, Mo.

FATHER
13. NAME Tom Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ordeala, Mo.

MOTHER
15. MAIDEN NAME Drona Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo

17. INFORMANT (ADDRESS) Tom Smith Ordeala Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gravel Hill Cem. DATE 10/18, 1933

19. UNDERTAKER (ADDRESS) Floyd J. Morgan Advance Mo.

20. FILED 11-3, 1933 Jane Keasley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/13, 1933, to 10/17, 1933, I last saw her alive on 10/17, 1933. Death is said to have occurred on the date stated above, at 4 P. m.

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

	Date of onset
Colitis with	
Gastric Indigestion	
119B	
118C	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? None 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. A. Bennett, M. D.
(Address) Bell City, Mo.