JAN 26 1934

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

85

Do not use this space.

39156

File No.

Registered No. 1179

Registration District No.

Primary Registration District No. 1001

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

11 5 9

2. FULL NAME Peggy Mabel Smith,
(a) Residence, No. 826 Woodson St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 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 Charles Edward Smith,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1894

7. AGE: Years 39 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) November 1929
11. Total time (years) spent in this occupation 7

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, Unk

FATHER
13. NAME James Isaac Smith,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

1

MOTHER
15. MAIDEN NAME Melissa Mesner,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

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17. INFORMANT (ADDRESS) Mrs Marguerite C. Smith 826 Woodson Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE Dec. 2nd 1933

19. UNDERTAKER Herton Bergdorf-Bauman
(ADDRESS) 319 S. 10th St. Funeral Home

20. FILED 12-2-33 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/27/33, 19, to 12/1/33, 19.
I last saw her alive on 12/1/33, 19. Death is said to have occurred on the date stated above, at 10:00 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left ovary with metastasis to lungs	
1911	
478	

Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? autopsy. Was there an autopsy? yes

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) C. A. Mallow Jr., M. D.
(Address) 301 N. 8 St. Saint Joseph 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.