

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

Do not use this space.

2004

1. PLACE OF DEATH

County Newton
Township Wayton
City New Salem (No. _____)

Registration District No. 611
Primary Registration District No. 5815

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nora Ann Smith

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 2 - 1910</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>2</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Samuel Smith</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Nora McRae</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Smith</u> (ADDRESS) <u>North Rd 4</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Salem</u> DATE: <u>11-25</u> , 19 <u>34</u>		
19. UNDERTAKER <u>Norman G. Mitchell</u> (ADDRESS) <u>Sanctuary</u>		
20. FILED <u>1/26</u> , 19 <u>34</u> Registrar <u>Co. Norris</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/19/34, 19____, to 1/23/34, 19____.
I last saw h. or alive on 1/23/34, 19____. Death is said to have occurred on the date stated above, at 7:10 m.
The principal cause of death and related causes of importance were as follows:
General Paratyphoid
Peritonitis
121A
121B
129
Other contributory causes of importance:
Gangrenous appendicitis 1/15/34

Name of operation Appendectomy Date of 1/19/34
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 _____

Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Charles A. ..., M. D.
(Address) North 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.

