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.

FEB 27 1934

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

Do not use this space.

2338

1. PLACE OF DEATH
County St. Francois — Registration District No. 774 — File No. 42
Township St. Francois — Primary Registration District No. 4465 — Registered No.
City Flat River (No. ..... St. ..... Ward)

2. FULL NAME Viola Smith
(a) Residence, No. Flat River St. MO Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18th 1877
7. AGE YEARS 56 MONTHS 1 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ironhome
10. Date deceased last worked at this occupation (month and year) 1-17-34
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME John Ford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Vassie Eagle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Lee Smith Metropolis Ill
18. BURIAL, CREMATION, OR REMOVAL (PLACE) Metropolis Ill DATE 1-19 1934
19. UNDERTAKER (ADDRESS) Caldwell Bros. Flat River Mo
20. FILED 1/17 1934 B. Hanover Registrar

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933, to Jan 17, 1934
I last saw her alive on Jan 17, 1934. Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. myocarditis | |
| asthma | |
| 996 | |
| 1 | |
| 10 | |

Other contributory causes of importance
Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam Was there an autopsy? No

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. H. Appleberry, M. D.
(Address) Flat River Mo