

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

Do not use this space.

3152

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City..... (No. **14 14**, **Monroe**)

File No.....
Registered No. **810**
St. Ward)

2. FULL NAME

Mary Elizabeth Smith
(a) Residence, No. **1414 Monroe** St., **26** Ward. (If nonresident, give city or town and State)
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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <i>Jesse Smith</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 25, 1860</i>				
7. AGE	YEARS <i>73</i>	MONTHS <i>2</i>	DAYS <i>26</i>	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. <i>Housewife</i>			
	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) <i>Missouri</i>				
FATHER	13. NAME <i>Lemuel Blankenship</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>			
MOTHER	15. MAIDEN NAME <i>Julia Baldrige</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not known</i>			
17. INFORMANT (ADDRESS) <i>Lara Geschke 2301 Sullivan Ave.</i>				
18. BURIAL, CREMATION, OR REMOVAL Place <i>New St. Marc's Cemetery</i> Date <i>Jan. 23, 1934</i>				
19. UNDERTAKER (ADDRESS) <i>Goodhart & Goodhart 222 1/2 St. Louis Ave.</i>				
20. FILED <i>Jan 23 1934 J. Bredeck Registrar.</i>				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 21, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 14, 1934*, to *Jan 21, 1934*,
I last saw him alive on *Jan 20, 1934*. Death is said to have occurred on the date stated above, at *3 a.m.*
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage with Broncho-Pneumonia
Other contributory causes of importance:
Chronic Hypertension

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) *A. J. Stender* M. D.
(Address) *2206 Howard St.*

WHITE PAPER, 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.

