

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.

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

Do not use this space.

MAR 24 1934

4930  
655

1. PLACE OF DEATH  
 County Jackson Registration District No. 899  
 Township JACKSON Primary Registration District No. 1002  
 City St. Louis (No. 2206 E. 35th) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Rose M. Smith  
 (a) Residence, No. 2206 E. 35th 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-1-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>11</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

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) Edinburgh Mo

FATHER

13. NAME Thos. M. Carne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lees Co Virginia

MOTHER

15. MAIDEN NAME Ana W. Beery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Trenton Mo DATE Feb 11 1934

19. UNDERTAKER (ADDRESS) Eylar Funeral Home  
10. E. Mo

20. FILED Feb 10 1934 M. M. Crowe  
East Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1934 to Feb 9 1934.  
 I last saw him alive on Feb 9 1934. Death is said to have occurred on the date stated above, at 5:10 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis  
arteriosclerosis  
 Other contributory causes of importance:  
Heart Arteriosclerosis

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Ernest J. Fisher, M. D.  
 (Address) 1072 Angelle Bldg. Wash. Mo.

Wing. Dr. Kelly Argyle Bldg V 19670

Res. 5714 m<sup>e</sup> Lee Hi 2110.

1 to 5 P.M.