

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**

1. PLACE OF DEATH  
 County Platte Registration District No. 698  
 Township Weston Primary Registration District No. 5926  
 City Weston St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Miss Ella Smither

(a) Residence, No. \_\_\_\_\_ 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.

File No. 6093

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1854

7. AGE YEARS 79 MONTHS 70 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at 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) Platte Co

13. NAME Richard Smither

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

15. MAIDEN NAME Elizabeth Gancy

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

17. INFORMANT Mrs Sam Weston (ADDRESS) Weston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Charant Rd DATE \_\_\_\_\_ 19.

19. UNDERTAKER J. W. Brill (ADDRESS) Weston Mo

20. FILED 2/27 34 1934 J. W. Brill Registrar.

**(2) MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb - 23 - 1934, to Feb - 26 - 1934  
 I last saw h. w. alive on Feb - 24 - 1934. Death is said to have occurred on the date stated above, at 5 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset \_\_\_\_\_  
Senile degeneration of blood vessels.

Other contributory causes of importance:  
None

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) Lewis C. Calvert, M. D.  
 (Address) Weston, Mo.

