

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

Do not use this space.

8529

1. PLACE OF DEATH

County Gentry
Township Athens
City (No.)

Registration District No. 309
Primary Registration District No. 5427

File No.
Registered No. 14
St. Ward

2. FULL NAME Mary Ann Smith

(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.

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) Nov. 15 - 1844

7. AGE YEARS MONTHS DAYS & If LESS than 1 day, hrs. or min.
89 2 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Albany
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER George W. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sty.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martha J. Pigg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sty.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Leola Gillispie
(Address) Albany Mo.

15. Mar. 10, 1934 W. G. Mason
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1934

17. I HEREBY CERTIFY, That I attended deceased from 1932, to March 7, 1934
that I last saw h.w. alive on March 7, 1934 and that death occurred, on the date stated above, at 11-30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Softening
92C
99
CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) ✓ yrs. ✓ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. E. Graham, M. D.

, 19 (Address) Albany Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bulla Cemetery DATE OF BURIAL Mar 1934

20. UNDERTAKER A. J. Bare ADDRESS Albany

K. E.—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.

