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.

MAY 25 1934

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

Do not use this space.

File No. 13363

Registered No.

1. PLACE OF DEATH

County: Johnson Co.

Township: Tract 2 No.

City: Leeton Mo. R.F.D. (No. , St. , Ward)

Registration District No. 430

Primary Registration District No. 5586

2. FULL NAME Hallie Velma Smith

(a) Residence, No. R.F.D. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 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): Dec. 9- 1916

7. AGE: Years 17 Months ~~X~~ 4 Days ~~X~~ 12 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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): R.F.D. Leeton, Mo.

FATHER

13. NAME: Ralph Edward Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co. Mo.

MOTHER

15. MAIDEN NAME: Reva Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co. Mo.

17. INFORMANT (ADDRESS): Mr. T. H. Burgard, Leeton, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Providence DATE: 4-23-1934

19. UNDERTAKER (ADDRESS): H. Braunigger, Leeton, Mo.

20. FILED: April 23, 1934 C. B. Koons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1934, to April 21, 1934

I last saw her alive on April 21, 1934. Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

Meningitis - of brain

Tend

Date of onset

Other contributory causes of importance:

Gunshot wound of mouth

Fracturing spinal canal

& Lodging in 2nd cervical

Vertebra

Name of operation: Removal of bullet 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? Suicidal Date of injury 4/8, 1934

Where did injury occur? At her home near Leeton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: as above stated

Nature of injury: Injury to cervical

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible], M. D.

(Address) Leeton, Mo