

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.

JUN 30 1934

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

Do not use this space.

1366/a
10

1. PLACE OF DEATH

County Pemiscot Registration District No. 5-5-
Township Washington Primary Registration District No. 4033
City (No. 1212) St. _____ Ward _____

2. FULL NAME

Magdlene 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1 - 1900</u>				
7. AGE YEARS <u>13</u>	MONTHS <u>10</u>	DAYS <u>9</u>	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.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to on 4-9, 1934
I last saw her alive on 4-9, 1934 Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
By falling tree of
Cuts by saw which
she was carrying
Loss of blood. Hemorrhage
Other contributory causes of importance:
1910
1920
1860

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 Accident Date of injury 4-9, 1934
Where did injury occur? at home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Carrying cross in saw with
Nature of injury tree falling on her

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Geo. T. Johnson, M. D.
(Address) Geo. T. Johnson Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Dan Smith</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Smith</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT (ADDRESS) <u>Dan Smith</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pine City</u> DATE <u>4-10</u> , 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>George West</u>	
20. FILED <u>June 10</u> , 19 <u>34</u> <u>M. D. Murrell</u> Registrar.	

1934-4-9
1920-6-9

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