MAY 25 1934

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

Do not use this space.

13902

1. PLACE OF DEATH
County Pulaski
Township Tavern
City Near Crocker (No. ..... St. ..... Ward)
Registration District No. 716
Primary Registration District No. [illegible]
File No. 13902
Registered No. 10

2. FULL NAME ~~Berniece~~ Delphid Berniece 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: Nil
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6, 1915
7. AGE: YEARS 18 | MONTHS 11 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student
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): Miller County, Mo.

FATHER
13. NAME: Bert Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller County

MOTHER
15. MAIDEN NAME: Rosa Mann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaski County

17. INFORMANT (ADDRESS): Bert Smith
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Antioch DATE: Apr. 29, 1934
19. UNDERTAKER (ADDRESS): J. L. Hoops & Sons
20. FILED: April 30, 1934 W. J. Lee Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 28, 1934, to April 29, 1934
I last saw her alive on April 29, 1934. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatism Auto-mobile accident	4/28/34
210G	
210M	

Other contributory causes of importance:

Name of operation ✓ 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? accident Date of injury 4/28, 1934
Where did injury occur? Near Crocker Pulaski Co. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Public Road
Manner of injury Crushed Chest Lac Burning
Nature of injury Displacement of heart and Hemoptysis
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. J. Lee M. D.
(Address) Crocker Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Pulaski
Township: Jackson
City: ..... (No. ..... St. ..... Ward)

Registration District No. 716
Primary Registration District No. 5945

File No. .....
Registered No. 10

2. FULL NAME Delphia Bernice 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	S

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

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

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	11	22	

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 .....

12. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

FATHER

13. NAME .....

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

MOTHER

15. MAIDEN NAME .....

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

17. INFORMANT ..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19....

19. UNDERTAKER ..... (ADDRESS)

20. FILED April 29 1934 H. J. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19...., to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Train Accident	
Release of Steam	
Scalding Body	
Burn Wounds Car	
Burned.	
Other contributory causes of importance:	

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? ..... 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? .....
If so, specify .....
(Signed) ..... M. D.
(Address) .....

SUPPLEMENTARY

716

S-13902