

MAY 25 1934

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

Do not use this space.

15574

## 1. PLACE OF DEATH

County WrightRegistration District No. 908Township Mountain GrovePrimary Registration District No. 4549City Mountain Grove (No. 1)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Lena Lauren Smart

(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 Female4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23-1931

7. AGE

YEARS 3MONTHS 3DAYS 18

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 ✓12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton, Mo.13. NAME John Smart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mtn Grove, Mo.15. MAIDEN NAME Maggie Coffman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) John Smart, Mtn Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACED Wright Cem. DATE 4-11-3419. UNDERTAKER (ADDRESS) None20. FILED 4-11-34

1934

Service

Mary

M.D.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-3422. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to April 10, 1934I last saw him alive on 4/10-1934. Death is saidto have occurred on the date stated above, at 7 P m.

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

Bronchial  
Pneumonia

Date of onset

4-4-34  
to  
4-10-34

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? no

If so, specify \_\_\_\_\_

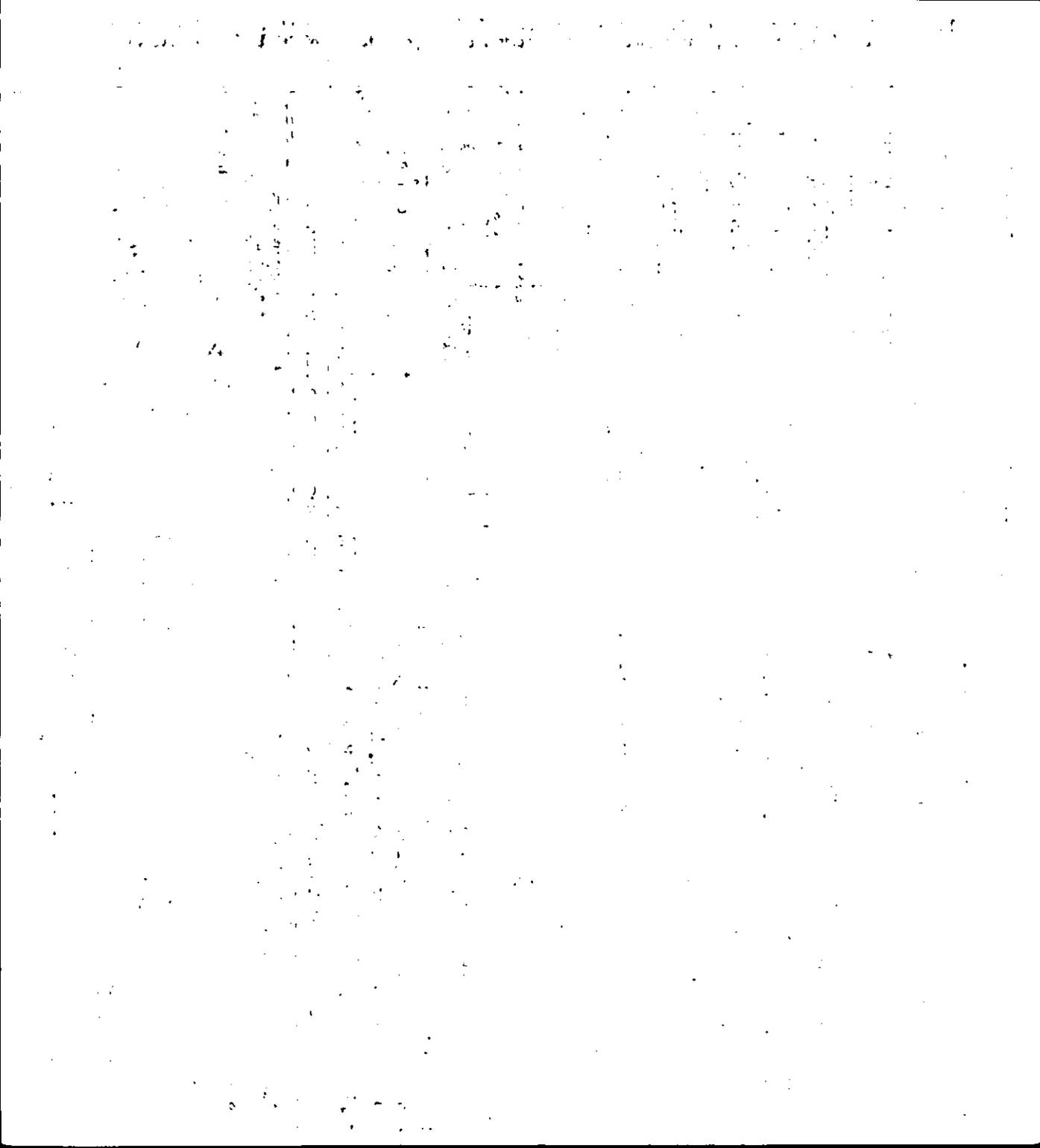
(Signed) R. L. Ryan

, M. D.

(Address) Mtn Grove, Mo.

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.

6104



#2 Wright,

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS 15-574

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

WASHINGTON

22

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lena Lavern Smart,  
Who died at \_\_\_\_\_ on 4-10-1954  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 3 Months 9 Days 18

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Bronchial Pneumonia  
me

Other contributory causes of importance \_\_\_\_\_ 1070  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_

X Signature of Registrar Berice Montgomery

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 908 Very truly yours,

Primary Reg. Dist. No. 4549

E. T. McGaugh, M.D.  
Special Agent.  
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