

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Miller
City (No.)

Registration District No. 547
Primary Registration District No. 5739

File No. 21168
Registered No. 178

2. FULL NAME

Agelia 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 8 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James M. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25-1853
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 6 23.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-17th, 1934
22. HEREBY CERTIFY, That I attended deceased from June 2, 1934, to June 14, 1934
I last saw her alive on June 16, 1934 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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 —

Cause of Death
410B
162
HV
Other contributory causes of importance:
Old age.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky.
13. NAME Jessie Perkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
15. MAIDEN NAME Emilyn Lowery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT (ADDRESS) Mr. Dan Wagner
Warren
18. BURIAL, CREMATION, OR REMOVAL PLACE Warren Cemetery DATE June 20, 1934

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.

19. UNDERTAKER (ADDRESS) Wilson & Son
Monroe City Mo
20. FILED June 19, 1934 R. H. Webster
Registrar.

Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. H. Walker, M. D.
(Address) Palm Springs 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1934

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