

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

Do not use this space.

64 1. PLACE OF DEATH
 County Marion Registration District No. 548
 Township Liberty Primary Registration District No. 5740
 City (No. _____) St. _____ Ward _____

2. FULL NAME Angelina Smith
 (a) Residence, No. Marion County, Missouri
 (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.

21173

File No. _____
 Registered No. 79

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
not known

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

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) at present 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mat Selbach
 (ADDRESS) Palmira Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamlet Mo DATE June 29, 1934

19. UNDERTAKER J. S. Shugart
 (ADDRESS) Palmira Mo

20. FILED June 26, 1934 Berthude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1934

22. I HEREBY CERTIFY that I attended deceased from June 24, 1934 to June 25, 1934
 I last saw her alive on June 25, 1934 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Stroke - apoplexy Date of onset _____

Other contributory causes of importance:
82221

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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 D. W. C. Neal, M. D.
 (Signed) _____ (Address) Palmira Mo

CAUSE OF DEATH in plain terms, so that it may be understood by all.

SEP 18 1952

Marion

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

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

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.

Earl Harris, Han.

Name: Angelina Smith June
Who died at Marion County Infirmary June - 25 - 1934
Residence: No. _____ St. Palmyra, Missouri
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex Female Color or race Col. Single, married, widowed or divorced: _____

Date of birth not known Age: App. 76 Years _____ Months _____ Days _____

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: Stroke apoplexy

Other contributory causes of importance _____

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 Dr. J. C. O'Neal

Address of physician Palmyra, Missouri

Signature of Registrar Bertrude Lee Date filed June 26 - 1934

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. 2481

Primary Reg. Dist. No. 3740

Very truly yours,
E. T. McGaugh MD

Special Agent. H. H. J.

are fully supplied. AGE should be stated if specified. Ex-
view here for information should be stated if specified. Ex-

S-21173