

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.

AUG 8 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cooper
 Township Other
 City Smith (No.)

Registration District No. 221Primary Registration District No. 53028File No. 23873

Registered No.

St. Ward.

2. FULL NAME

(a) Residence, No.
 (Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Heese Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-24-48</u>		
7. AGE <u>86</u>	YEARS <u>3</u>	MONTHS <u>25</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smithton Mo</u>
	13. NAME <u>Chas Bohannon</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State Ky</u>
	15. MAIDEN NAME <u>Do not know</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State Ky</u>
	17. INFORMANT (ADDRESS) <u>R. G. Smith</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithton</u> DATE <u>July 21</u> 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>A. F. Neumeier</u>	
20. FILED <u>8-4</u> 19 <u>34</u> <u>Robt L Fogle</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1934
 22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1933 to July 19, 1934.
 I last saw him alive on July 19, 1934. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:

apoplexy
82A 82A
 Other contributory causes of importance:
 Date of onset 1/19/34

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 Robt L Fogle, M. D.
 (Signed) Robt L Fogle
 (Address) Ellenville Mo

