SEP 15 1934

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

Do not use this space.

30317

1. PLACE OF DEATH
County Pemiscot — Registration District No. 1102 — File No.
Township Pascola — Primary Registration District No. ~~758~~ 5870 — Registered No.
City (No. , St. Ward)

2. FULL NAME Villian Elwanda Smith
(a) Residence, No. Pascola 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-28-33.
7. AGE YEARS MONTHS 11 DAYS 30 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) Pascola

FATHER
13. NAME Edward Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell Mo

MOTHER
15. MAIDEN NAME Josie Eveland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Edward Smith Pascola
18. BURIAL, CREMATION, OR REMOVAL PLACE Ing Ridge DATE 8-27 1934
19. UNDERTAKER (ADDRESS) Timmons
20. FILED Sept-3rd, 1934 Mrs T. R. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27, 1934
22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1934, to 8-27, 1934
I last saw her alive on 8-26, 1934 Death is said to have occurred on the date stated above, at 5-4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Malarial	8/10
38	
1670	
38	

Other contributory causes of importance:
Age

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) J. W. Rhodes, M. D.
(Address) Hayti 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.

WHITE PLANET, WITH UNFADING INKS IS A PERMANENT RECORD