

JAN 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis*  
Township *W*  
City *St. Louis*

Registration District No. *831*

Primary Registration District No. *1*

File No. *31753-A*

Registered No. \_\_\_\_\_

2. FULL NAME

*Martha E. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF *Howard Smith*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 20th 1888*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*46 4 22*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

10. Date deceased last worked at this occupation month and year *Aug 31 1934* 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. James, Mo.*

13. NAME *Broken Bowery*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Reynolds Co., Mo.*

15. MAIDEN NAME *Mary Keay*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. James, Mo.*

17. INFORMANT (ADDRESS) *Charley Montgomery, 1204 E. 13th St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Woods No. 8-13-34*

19. UNDERTAKER (ADDRESS) *Sparks & Sparks*

20. FILED *1-7* 19 *35* *J.P. Fougner* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *August 12th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *July 18th 1934* to *Aug 12th 1934*. I last saw *her* alive on *July 18th 1934*. Death is said to have occurred on the date stated above, at *2:45 p.m.*

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

*Enteritis, & ulcers of female.*  
*143A / 130B / 43A*

Other contributory causes of importance: *Some bacteriologic study intravital, and by desiccation.*

Name of operation *none* Date of \_\_\_\_\_

What test confirmed diagnosis? *none* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* 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) *Edgar E. Whitely*, M. D.  
(Address) *St. Louis, Mo.*

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

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.

