

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

Do not use this space.

DEC 9 0 1934

41618

1. PLACE OF DEATH

County Franklin
Township Franklin
City Franklin (No.)

Registration District No. 820
Primary Registration District No. 4496

File No.
Registered No. Ward

2. FULL NAME

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

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.

Smiddy, Peggy Ann
Oran Mo
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Oran, Mo

FATHER 13. NAME J. R. Smiddy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oran, Mo

MOTHER 15. MAIDEN NAME Grace Crafton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burgessville, Mo

17. INFORMANT (ADDRESS) J. R. Smiddy

18. BURIAL, CREMATION, OR REMOVAL PLACE Oran, Mo DATE 11-9-34

19. UNDERTAKER (ADDRESS) Hessever & Co. Oran, Mo

20. FILED 11/9 1934 J. P. Schuman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 8, 1934 to Nov 9, 1934

I last saw her alive on Nov 9, 1934 Death is said to have occurred on the date stated above, at 9:59 a.m.

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

Premature infant (Congenital defect)
15 TC
159 / 59

Other contributory causes of importance:

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) R. Williams M. D.
(Address) Cape Girardeau, 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.

