

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

Do not use this space.

42728

JAN 1, 2 1935

1. PLACE OF DEATH

County Henry
Township Calhoun
City Calhoun (No. St. Ward)

Registration District No. 349
Primary Registration District No. 7207

File No.
Registered No. 27

2. FULL NAME Gertie Smith

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

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7 1887</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>2</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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>Calhoun, Missouri</u>	
	13. NAME <u>James Kelly</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Georgann Burton</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Robert Smith</u> (ADDRESS) <u>Calhoun Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun Cemetery</u> DATE <u>Dec 11 1934</u>		
19. UNDERTAKER <u>J. A. Housey</u> (ADDRESS) <u>Calhoun Mo</u>		
20. FILED <u>1/2 - 20, 1935</u> <u>Mrs. A. A. Gray</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1934 to Dec 19 1934
I last saw her alive on Dec 18 1934 Death is said to have occurred on the date stated above, at 1:30 pm.
The principal cause of death and related causes of importance were as follows:

Valvular insufficiency
of the aortic valve
Date of onset Dec 18 1934

Other contributory causes of importance:
Arteriosclerosis

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? no
If so, specify

(Signed) D. A. Pollard, M. D.
(Address) Calhoun, 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.

