

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

Do not use this space.

1. PLACE OF DEATH

County Howell JAN 20 1935
Township _____
City West Plains (No. _____) Registration District No. 384
Primary Registration District No. 4227

File No. 42776
Registered No. _____
St. _____ Ward _____

2. FULL NAME Lydia Elizabeth Smith

(a) Residence, No. Nichols Hill St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 51 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Levi Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1849
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 0 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
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) Nov. 25, 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ten Mile, Tenn.

13. NAME James B. Morrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Anna Holmes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mr. Chas. Smith (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn West Plains, Mo. DATE Dec. 31, 1934

19. UNDERTAKER Hal Thourburgh (ADDRESS) West Plains, Mo.

20. FILED 12-30 1934 Sid W. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934, to Dec 29, 1934
I last saw him alive on Dec 26, 1934. Death is said to have occurred on the date stated above, at 8:30 m.
The principal cause of death and related causes of importance were as follows:

Cerebrovascular of Carotid
1/8
Other contributory causes of importance: Senility
Date of onset 1934

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam. Was there an autopsy? no

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? no
If so, specify _____
(Signed) E. Claude Bohner, M. D.
(Address) West Plains, 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.

