

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

Do not use this space.

**MAR 1 1935**

**43645**

**1. PLACE OF DEATH**

County Marion  
Township Jefferson  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 541  
Primary Registration District No. 5730

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Delma Laura 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)**

single

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

Edna

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

Dec. 15, 1923

**7. AGE**

YEARS 10

MONTHS 11

DAYS 27

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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)**

Marion Co. Mo.

**13. NAME**

Alva J. Smith

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

Marion Co. Mo.

**15. MAIDEN NAME**

Birginie Mitchell

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

Marion Co. Mo.

**17. INFORMANT (ADDRESS)**

A. J. Smith, Cheswell, Mo.

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Liberty DATE Dec 24 1935

**19. UNDERTAKER (ADDRESS)**

J. G. Laddies, Belle, Mo.

**20. FILED**

Feb 10 1935 Mrs. Leonard Johnson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1935 to Dec. 22, 1935

I last saw him alive on Dec. 29, 1935. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Diabetes Mellitus Date of onset 1931

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*[Handwritten signature]*

**Other contributory causes of importance:**

23. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Symptoms 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) Chas. R. Russell, M. D.  
(Address) Belle, Mo.

Exact statement of OCCUPATION is very important. PHYSICIANS should state in plain terms, so that it may be properly classified.

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