

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

Do not use this space.

MAR 27 1935

1. PLACE OF DEATH

County Madison Registration District No. 538
Township Rolla Primary Registration District No. 5729
City (No.)

File No. 6038
Registered No. 19
St. Ward

2. FULL NAME

(a) Residence, No. Rosella Mrs. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23-1866
7. AGE YEARS 68 MONTHS 4 DAYS 22 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) H. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo.

13. NAME James L. Smashey

14. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elizabeth Cunningham

16. BIRTHPLACE (CITY OR TOWN) Segow Hill (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Port. W. Helms

18. BURIAL, CREMATION, OR REMOVAL PLACE Sebastian Cemetery 7/8-1935

19. UNDERTAKER (ADDRESS) Bohys London Mo.

20. FILED Feb 18 1935 S. C. S. Laughlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 27th 1935 to Feb 15- 1935
I last saw him alive on Feb 7th 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Pneumonia - Lobar Date of onset Jan 27
with my expansion
and heart
failed Feb. 10th 1935

Other contributory causes of importance:

Don't know.

Name of operation none 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

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) M. B. Barber, M. D.

(Address) Frederick Place Mo.

By L. D. Schwane

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.

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