

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.

Dr. J. H. Marshall
Charleston, Mo.

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

Do not use this space.

✓ 9891
File No. _____
Registered No. 42 _____
St. _____ Ward _____

1. PLACE OF DEATH
County Mississippi Registration District No. 566
Township Waffle Primary Registration District No. 5762
City Charleston (N. _____) _____

2. FULL NAME Lucy Allen Smith
(a) Residence, No. East Prann, Mo. 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Alexander Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 - 1879
7. AGE YEARS 55 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Tenn.
13. NAME James Travis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Tenn.
15. MAIDEN NAME Nanna Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Tenn.

17. INFORMANT W. P. Smith
(ADDRESS) Charleston, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Anniston, Mo. DATE 3/7 19. _____
19. UNDERTAKER Travis & Shelby
(ADDRESS) East Prann, Mo.
20. FILED Apr 8 1935 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

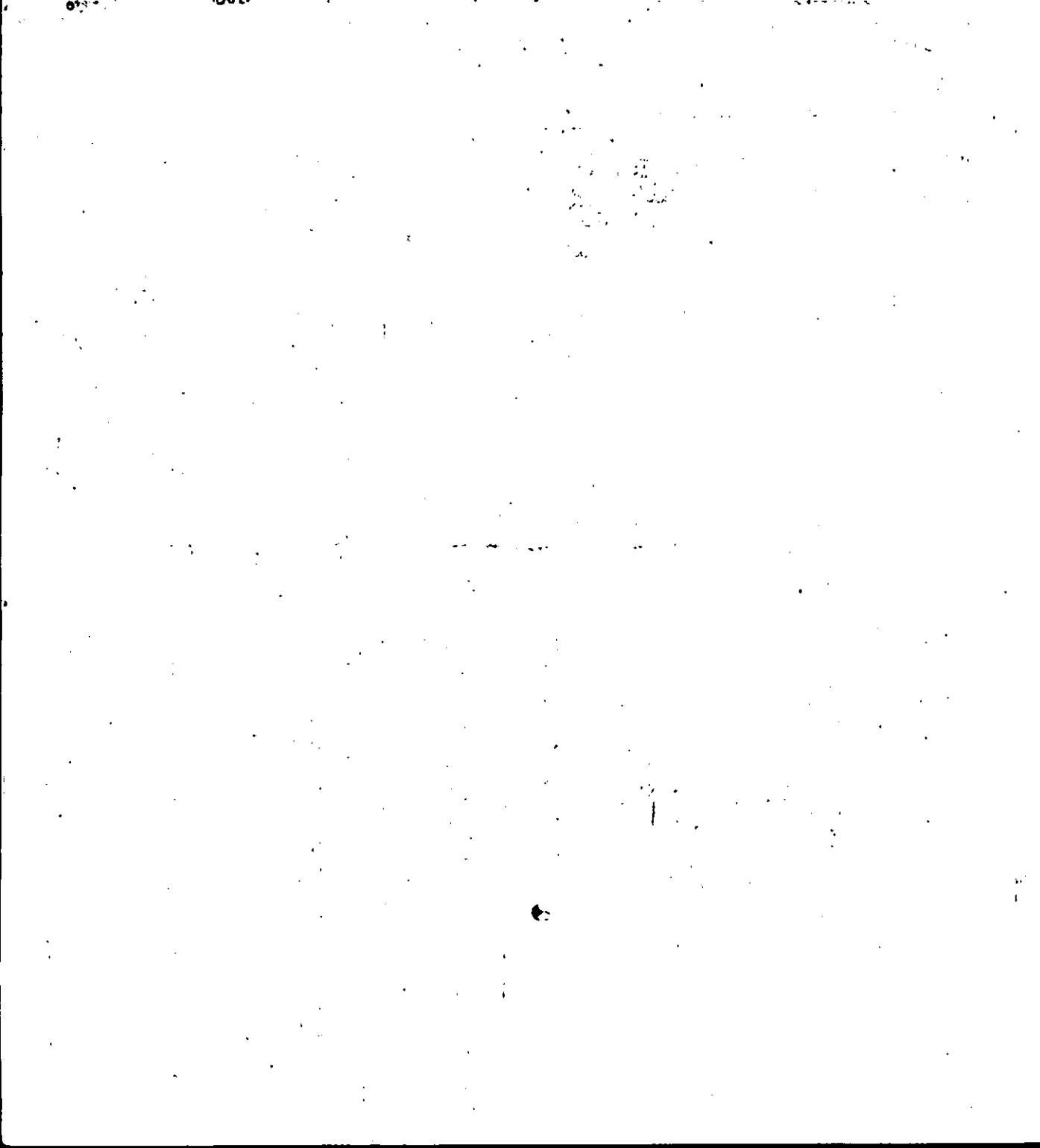
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5, 1935
22. I HEREBY CERTIFY, That I attended deceased from March 4th, 1935, to March 5th, 1935
I last saw him alive on March 4th 30, 1935. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Heart Failure
Other contributory causes of importance: arteriosclerosis & general disability
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) A. H. Marshall M. D.
(Address) Charleston, Mo.

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26
27



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

Do not use this space.

1. PLACE OF DEATH

County Mississippi
Township.....
City..... (No.).....

Registration District No. 566
Primary Registration District No. 5722-

File No. 9891
Registered No. 42- St. Ward)

2. FULL NAME

Lucy A. Smith

(a) Residence, No. Expt Paris Mo - Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

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

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

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)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 10-28 1935 P. J. Jensen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 5 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... 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:

Heart Failure Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Hoster was not a true hyman

Name of operation Date of..... What test confirmed diagnosis..... Was there an autopsy?.....

23. If death was due to external cause (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) A. H. Marshall M. D.

(Address) Charleston Mo -

SUPPLEMENTARY

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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