

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

Do not use this space.

JUN 4 1935

18708

1. PLACE OF DEATH

103 County Stoddard Registration District No. 837
 Township Castor Primary Registration District No. 6099
 City (No. St. Ward)

2. FULL NAME

Margaret 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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF W. J. Smith
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 3 20

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.
 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) Mo.

MOTHER FATHER
 13. NAME Mrs. Devere

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

15. MAIDEN NAME Branon

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

17. INFORMANT Louis Smith
 (ADDRESS) Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rollins Cem. DATE May 6, 1935

19. UNDERTAKER J. A. Chiles & Co.
 (ADDRESS) Bloomfield, Mo.

20. FILED May 11, 1935 Edwin Ford
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935 to May 4, 1935
 I last saw her alive on Apr 11, 1935 Death is said to have occurred on the date stated above, at 10:30 am.

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

Chronic Endocarditis Date of onset
AMM
 Other contributory causes of importance:

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? no
 If so, specify
 (Signed) Edward Ford, M. D.
 (Address) Bloomfield, 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.

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