

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.

JUL 30 1935

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

Do not use this space.

19195

File No. *July 26*
Registered No. *120*
St. _____ Ward _____

1. PLACE OF DEATH
 County *Cedar* Registration District No. *165*
 Township *_____* Primary Registration District No. *4177*
 City *Stockton, Mo.* (No. _____) St. _____ Ward _____

2. FULL NAME *Ollie Smith*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 28 - 1878*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>56</i>	<i>7</i>	<i>7</i>	

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) *Cedar Co. Mo.*

FATHER
 13. NAME *John Griffith*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rock Co. Mo.*

MOTHER
 15. MAIDEN NAME *Sarah Robertson*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morrisville Mo.*

17. INFORMANT (ADDRESS) *Roy Smith Stockton, Mo.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Liberty Cem.* DATE *June 28 1935*

19. UNDERTAKER (ADDRESS) *J. W. Ward Greenfield, Mo.*

20. FILED *July 26 1935 J. A. Brown Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 27 1935*

22. I HEREBY CERTIFY That I attended deceased from *June 18 1935* to *June 27 1935*
 I first saw her alive on *June 18 1935* Death is said to have occurred on the date stated above, at *10:30* p.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy.
 Date of onset _____

Other contributory causes of importance:
Hypertension.

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) *J. O. Carson*, M. D.
 (Address) *Greenfield, Mo.*

