

SEP 20 1935

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

Do not use this space.

26138

## 1. PLACE OF DEATH

County GentryRegistration District No. 309Township AlbanyPrimary Registration District No. 4185City Albany (No.       )St.        Ward       2. FULL NAME Myrtie Gertrude Smith(a) Residence, No.         
(Usual place of abode)St.        Ward       

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 14 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFIra D Smith

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

Sept 15, 1877

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.571024

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housewife9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Gentry Co Mo.

## MOTHER FATHER

## 13. NAME

Talton Bales14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)unknown

## 15. MAIDEN NAME

Barbara Ellen Everly16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio Albany Mo.17. INFORMANT  
(ADDRESS)Ira D Smith

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

Grandview

## DATE

8-11-3519. UNDERTAKER  
(ADDRESS)Robert H. Apple

## 20. FILED

Aug 10, 1935 W. H. Martin  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 193522. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1934, to Aug 9, 1935I last saw him alive on Aug. 9, 1935 Death is saidto have occurred on the date stated above, at 9 P. m.

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

Carcinoma of uterus  
48

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?

If so, specify       (Signed) W. H. Martin, M. D.(Address) Albany, Mo.

