

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.

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

Do not use this space.

29340

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township _____ Primary Registration District No. 3018
 City Leinton (No. _____) St. _____ Ward _____

2. FULL NAME

Jessie Francis Smith
 (a) Residence, No. 820 East Augusta 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 3 - 1894</u>		
7. AGE	YEARS	MONTHS
	<u>40</u>	<u>11</u>
		DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leinton Missouri</u>		
13. NAME <u>Edward O. Willard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Jessie Murray</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Harvey Smith</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Congregational</u> DATE <u>Sept 9</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Spore & son</u>		
20. FILED <u>Sept 16</u> 19 <u>35</u> <u>J. R. Hampton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1935 to Sept 7 1935
 I last saw h. or alive on Aug 25 1935 Death is said to have occurred on the date stated above, at 9:30 m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset Jan 35
75

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sputum Was there an autopsy? No

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) S. B. Hughes M. D.
 (Address) Leinton, Mo.

DEC 9

1988