WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 24 1935

30007

1. PLACE OF DEATH

County Lincoln — Registration District No. 486 — File No.

Township — Primary Registration District No. 4293 — Registered No. 34

City Elsberry, Missouri (No. ... St. ... Ward)

57

1

3

2. FULL NAME Kathrine Isabelle Smith

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(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.

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 OF~~ (OR) WIFE OF: T. C. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 31 1868

7. AGE: 67 YEARS — MONTHS: 7 — DAYS: 21 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Pike County, Missouri

FATHER

13. NAME: Joseph Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike County, Missouri

MOTHER

15. MAIDEN NAME: Mary Susan McCormick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln County

17. INFORMANT (ADDRESS): T. C. Smith. Elsberry, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Elsberry Cemetery DATE: Sept. 24 1935

19. UNDERTAKER (ADDRESS): Clifton Miller, Elsberry, Missouri

20. FILED 10-10 1935 C. E. Powell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1935 to Sept. 22, 1935

I last saw her alive on Sept. 22, 1935 Death is said to have occurred on the date stated above, at 6 p.m.

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

	Date of onset
Influenza	9/21

23

Other contributory causes of importance:

Chronic fibrous tuberculosis of lungs.

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) C. E. Powell, M. D.

(Address) Elsberry, Mo.