OCT 3 0 1935

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

Do not use this space.

31565

1. PLACE OF DEATH
County Scott
Township
City Sikeston (No. ..... St. ..... Ward)

Registration District No. 821
Primary Registration District No. 4553

File No.
Registered No.

2. FULL NAME Hagle N. 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 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 Charlie M. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28-1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	2	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. Housework
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) Sangamon Co. Ills.

FATHER
13. NAME Richard A. Narrid
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sangamon Co. Ills.

MOTHER
15. MAIDEN NAME Maria Meyers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sangamon Co. Ills.

17. INFORMANT (ADDRESS) Cm. Smith Jr. Sikeston, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Sikeston, Mo. DATE Sept 19, 1935

19. UNDERTAKER (ADDRESS) H. J. Welsh Sikeston, Mo.

20. FILED 9-19, 1935 G. W. H. Prewell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 12, 1935, to September 17, 1935
I last saw her alive on Sept. 17, 1935. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast

50

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) A. E. Reuber, ~~M.~~ D.O.
(Address) Sikeston, Missouri

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.