

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.

NOV 18 1935

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

Do not use this space.

31979

1. PLACE OF DEATH

County BuchananRegistration District No. 35Township St. Joseph, Mo.Primary Registration District No. 1001City St. Joseph, Mo. (No. St. Joseph's Hosp'l.)File No. 1125Registered No. 1125St. St. Joseph's Hosp'l. Ward St.2. FULL NAME Alice Smith(a) Residence, No. 217 No. 12thSt. St.Ward. St.

(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

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

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

July 6, 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.55325

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.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)Troy,
Kansas

FATHER

13. NAME

Martin Edge14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Unknown

MOTHER

15. MAIDEN NAME

Susan Lunden16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Unknown17. INFORMANT
(ADDRESS)Ellis Smith
St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Belmont Cem.DATE Nov 2, 193519. UNDERTAKER
(ADDRESS)FLEEMAN & SON INC.

20. FILED

11-1-

1935

John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from

10-30 to 10/30, 1935I last saw him alive on 10-30, 1935 Death is saidto have occurred on the date stated above, at 1 a.m.

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

Date of onset

Lobar Pneumonia10/28/35

Other contributory causes of importance:

Eudacarditis Ch. Arter.Name of operation none Date of 7/20What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury noWhere did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Est. J. J. J. M. D.(Address) 212 Clark Bldg.

