

NOV 20 1935

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

Do not use this space.

32220

1. PLACE OF DEATH

County Clinton
Township Shoal
City Cameron, Mo. (No. _____, Ward _____)

Registration District No. 204
Primary Registration District No. 2013

File No. _____
Registered No. 514
St. _____ Ward _____

2. FULL NAME Mrs Florence Smith

(a) Residence, No. 424 East 3rd 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Al Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1st. 1866</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>69</u>	<u>69</u>	<u>5</u>	<u>28</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Forrest City, Mo.</u>				
FATHER	13. NAME <u>R. H. Lungsford</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Kissiak Filkington,</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
17. INFORMANT <u>Mrs Chas Peterson,</u> (ADDRESS) <u>Cameron, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Belmont Cemetery</u> PLACE <u>Wathena, Kans.</u> DATE <u>Oct. 31, 1935</u>				
19. UNDERTAKER <u>O. A. Moore,</u> (ADDRESS) <u>Cameron, Mo.</u>				
20. FILED <u>Oct 31, 1935</u> <u>At Est Riley</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT 29 1935, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1935 Oct 29 1935
I last saw him alive on Oct 29, 1935. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:
Myo carditis acute Date of onset _____

Other contributory causes of importance:
AS

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 _____, 1935
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) M. D. Peters
(Address) Cameron Mo

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.

