

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.

33688-2

1. PLACE OF DEATH

County Ralls
Township Saline
City _____ (No. _____)

Registration District No. 930
Primary Registration District No. 5962

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

2. FULL NAME

Anna Catharine Smith

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred all her life 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1867
7. AGE YEARS 68 MONTHS 8 DAYS 18 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Lewis Town (STATE OR COUNTRY) Penn.

13. NAME John Smith

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

15. MAIDEN NAME Catherine Rinder

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

17. INFORMANT Fred W. Smith (ADDRESS) Harrison Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL West Ely Semetary DATE Oct. 15, 1935

19. UNDERTAKER Wilson & Son (ADDRESS) Monroe City Mo.

20. FILED Oct. 4, 1935 J. E. Floyd

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th 1935 to Oct 2 1935

I last saw him alive on Aug 28 1935. Death is said

to have occurred on the date stated above, at 7 P. M.

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

Paralysis Caputano
(Bulbar Paralysis)

Date of onset

1930

Other contributory causes of importance:
mal nutrition & a general
wasting away due to continued
confined to bed.

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) R. D. Colver M. D.

(Address) Monroe City Mo.

