NOV 9 1935

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

Do not use this space.

34179

File No. 791

Registered No. 8602

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4104 Burgen Ave. St. Ward)

2. FULL NAME Flora Belle Smith

(a) Residence, No. 4104 Burgen Ave. St., 2 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1860

7. AGE: Years 75 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Cincinnatti (STATE OR COUNTRY) Ohio

FATHER

13. NAME Alexander McLeod

14. BIRTHPLACE (CITY OR TOWN) Edinburgh (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Mary L. Piatt

16. BIRTHPLACE (CITY OR TOWN) Loveland (STATE OR COUNTRY) Ohio

17. INFORMANT Walter M. Smith (ADDRESS) 4104 Burgen Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Oct. 14, 1935

19. UNDERTAKER Wm. F. Paschedag (ADDRESS) 2825 N. Grand Blvd.

20. FILED OCT 14 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1935, to October 11, 1935

I last saw he alive on October 11, 1935. Death is said to have occurred on the date stated above, at 6:25 P. M.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension

Name of operation X Date of

What test confirmed diagnosis? X Was there an autopsy? X

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

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

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

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. P. Haley, M. D.

(Address) 5819 Bragdon Ave.

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD