DEC 16 1935

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

Do not use this space.

35084

1. PLACE OF DEATH
County Barton — Registration District No. 42 — File No.
Township South West — Primary Registration District No. 5064 — Registered No. 9.
City (No. , St. Ward)

2. FULL NAME Eva Smith Clayton
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16th 1885

7. AGE — YEARS: 50 — MONTHS: 0 — DAYS: 14 — If LESS than 1 day, hrs. or min.

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. Housekeeping
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) near Minden Mines Mo.

FATHER
13. NAME Eugene Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Isabelle Shapley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Isabelle Smith Minden Mines Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Cemetery DATE Dec. 1st 1935

19. UNDERTAKER (ADDRESS) A. Brown Lamar Mo

20. FILED 11/30 1935 Geo J P Gish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1930 to Nov 30 1935
I last saw her alive on Nov 29 1935. Death is said to have occurred on the date stated above, at 1-30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Brain ~~Tumor~~ Tumor	

Other contributory causes of importance

Name of operation Date of 1932
What 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? ✓ 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) Geo J P Gish, M. D.
(Address) Minden Mines 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.

SEP 11 1968