

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.

Rose FEB 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County Gentry

Township

City Albany

(No.)

Registration District No. 309

Primary Registration District No. 4185

File No. 877

Registered No. 1

St.

Ward)

2. FULL NAME Jessie Smith

(a) Residence, No.

(Usual place of abode)

St., ...

Ward.

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Lee Smith

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

Sept. 2, 1900

7. AGE

YEARS

MONTHS

DAYS

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

35

4

18

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)

Evona

(STATE OR COUNTRY) Gentry Co. Mo.

MOTHER FATHER

13. NAME

Ely Robertson

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

Unknown

15. MAIDEN NAME

Euphrates Baldock

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

Gentry County Mo.

17. INFORMANT

Lee Smith

(ADDRESS)

Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Grandview

DATE Jan. 21 36

19. UNDERTAKER

Clifford Brooks

(ADDRESS)

Albany, Mo.

20. FILED

Jan. 21, 1936

W. G. Martin

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from

1-20-, 1936, to 1-20-, 1936

I last saw her alive on 1-24-, 1936. Death is said

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

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

Post-partum Hemorrhage

Date of onset

Other contributory causes of importance

Anterior pituitary deficiency

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

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) Frank H. Rose, M. D.

(Address)

Albany, Mo.

MAY 24 1944