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.

MAR 17 1936

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

Do not use this space.

5131

1. PLACE OF DEATH
County Clinton
Township
City Cameron (No. ..., ... St. ..... Ward)

Registration District No. 204
Primary Registration District No. 3013

File No.
Registered No. 3

2. FULL NAME Margaret Ann Smith

(a) Residence, No. ..... St., ... 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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 1850

7. AGE: YEARS 86 | MONTHS 0 | 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. 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) (STATE OR COUNTRY) Irvin Kentucky

FATHER
13. NAME Piers Durbin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME Margaret Barker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) B. B. Smith Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Graceland Cem. DATE Feb 6 1936

19. UNDERTAKER (ADDRESS) J. W. Poland Cameron Mo

20. FILED 2/5 1936 Dr O H Ridley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-29-, 1936, to 2-4-, 1936.
I last saw her alive on 1-29-, 1936. Death is said to have occurred on the date stated above, at 11:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
Chronic Endocarditis	

Other contributory causes of importance:
Senility

Name of operation none 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) [illegible], M. D.
(Address) Cameron Mo