

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

Do not use this space.

13764

APR 27 1936

**1. PLACE OF DEATH**

County Sullivan Registration District No. 852  
Township Pleasant Hill Primary Registration District No. 10122  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Catherine Permelia Smith

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 20 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) widowed

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF John Willie Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
82 0 4

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) Sullivan Co., Missouri

13. NAME Charles Read

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

15. MAIDEN NAME Martha Potts

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

17. INFORMANT Mrs. W. E. Pfeiffer  
(ADDRESS) Sumner Ave., Mo.

18. BURIAL, CREMATION, OR REMOVAL Heavenly Grove Cem. DATE April 1, 1936

19. UNDERTAKER C. A. Schone  
(ADDRESS) 1714 N. Main

20. FILED Apr 8 1936 Cleo Egan  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5- 1936, to 3-30- 1936

I last saw her alive on 3-28- 1936. Death is said

to have occurred on the date stated above, at 10<sup>15</sup> a. m.  
The principal cause of death and related causes of importance were as follows:

Fractured rt. hip in acetabulum

Date of onset 2-26-36

Other contributory causes of importance Myocarditis

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? Accident Date of injury 2-20-36

Where did injury occur? home by fall  
Sullivan Co. (Specify city or town, county, and State)

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

Manner of injury fractured by fall

Nature of injury fractured rt. hip

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

If so, specify \_\_\_\_\_

(Signed) E. C. Weston, M. D.

(Address) Galt, Mo.

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.

