

MAY 18 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan,  
Township.....  
City St. Joseph, (No. 604 Independence Avenue,

Registration District No. 85  
Primary Registration District No. 1001

File No. 14102  
Registered No. 498  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Emma Isadore Smith,

(a) Residence, No. 604 Independence Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 19 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Smith,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 24th. 1855</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>3</u>	DAYS <u>8</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home,</u>
	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) Unknown,  
(STATE OR COUNTRY) Indiana,

13. NAME Cornelius C. Corkins,

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

15. MAIDEN NAME Emily Jane Wilson,

16. BIRTHPLACE (CITY OR TOWN) Unknown,  
(STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Bessie S. Fuller  
(ADDRESS) 604 Independence Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Jo. Mem. Park DATE April 4th, 36

19. UNDERTAKER Heaton-Belgale & Bowman  
(ADDRESS) 319 So. 10th St. Funeral Home

20. FILED 4-3 19 71 John R. Bender  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2nd. 193622. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1936, to Apr 2, 1936I last saw h. alive on Apr 2, 1936 Death is saidto have occurred on the date stated above, at 8:25 a.m.

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

Cerebral Haemorrhage  
Left Paraplegia  
Date of onset Apr 2/36

Other contributory causes of importance

Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Chemical Was there an autopsy? No23. 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) Clarence A. Gurd, M. D.(Address) St. Joseph 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.

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