

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township How
City H. C. M. O.

General # 2

Registration District No. 399
Primary Registration District No. 1002

15501

File No. _____
Registered No. 21220 St. _____ Ward _____

2. FULL NAME

Eva Smith
(a) Residence, No. 18319 one St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19 - 1894</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>11 mo</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		IF LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
2. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philmore Gates</u>		
13. NAME <u>M. O.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Annie</u>		
15. MAIDEN NAME <u>Annie Cook</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
7. INFORMANT (ADDRESS) <u>Emma Dyll</u>		
8. BURIAL, CREMATION, OR REMOVAL <u>Case Ridge House</u> DATE <u>Apr. 29</u> 19 <u>36</u>		
UNDERTAKER (ADDRESS) <u>West of Pelton Jones</u>		
FILED <u>Apr 28</u> 19 <u>36</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
Deputy Coroner
to have occurred on the date stated above, at 3:20 p. m.
The principal cause of death and related causes of importance were as follows:
Chr. Glomerular nephritis
131

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (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? _____
If so, specify _____
(Signed) Lucian Richardson, M. D.
(Address) 1832 one

