

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.

JUL 17 1936

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

Do not use this space.

22231

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township \_\_\_\_\_ Primary Registration District No. 3009  
City Cape Girardeau No. 215 W. Louisiana

File No. \_\_\_\_\_  
Registered No. 203  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mahalah Elizabeth Smith

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 18 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) Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Job Smith  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 31, 1864  
7. AGE YEARS 75 MONTHS 4 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General home work  
10. Date deceased last worked at this occupation (month and year) Nov 1935 11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bond Co. Illinois

MOTHER FATHER  
13. NAME Shelton Walker

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

15. MAIDEN NAME Mary Eckle

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

17. INFORMANT (ADDRESS) Miss B. Boue

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE June 27, 1936

19. UNDERTAKER (ADDRESS) W. B. Russell

20. FILED 6-24-36 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24th, 1936

22. I HEREBY CERTIFY, that I attended deceased from June 19, 1936, to June 20, 1936  
I last saw him alive on June 19, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Tuberculosis of breast following labor performed  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 108

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 \_\_\_\_\_, 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 T. Cholesterol (Signed) \_\_\_\_\_, M. D.  
(Address) 107 E. 2nd St. St. Louis, Mo.

