

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.

OCT 21 1936

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

Do not use this space.

22748-1

1. PLACE OF DEATH
 County Jackson Registration District No. 397
 Township Greenwood Primary Registration District No. 4234
 City Greenwood (No.) St. Ward)

2. FULL NAME Alice Draper Smith
 (a) Residence, No. Greenwood St., Mo. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 83

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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.

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
Niches les N. Y.

13. NAME unknown

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

15. MAIDEN NAME unknown

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

FATHER

17. INFORMANT Perry W. Smith
 (ADDRESS) Greenwood Mo.

18. BURIAL, CREMATION, OR REMOVAL
Greenwood Mo. DATE June 9-1936

19. UNDERTAKER Liebs of Arkansas
 (ADDRESS) Liebs of Arkansas Mo.

20. FILED June 26 1936 Mrs. Sallie H. Hall
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6-1936

22. I HEREBY CERTIFY That I attended deceased from 5-25-1936 to 6-6-1936
 I last saw him alive on 6-6-1936 Death is said to have occurred on the date stated above, at 3:30 a. in.

The principal cause of death and related causes of importance were as follows:
Ce of liver (primary)

Date of onset 1934

44

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis etiology 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) L. H. Knight, M. D.
 (Address) Liebs of Arkansas

