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.

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

Do not use this space.
25052

AUG 18 1936

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. 3723, Finney Av. St. ..... Ward)

File No. 6791

Registered No.

2. FULL NAME Dora Smith

(a) Residence, No. 3723 Finney St., 11 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Floyd Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 4 1901

7. AGE: Years 35 | Months 5 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

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): Plumerville Ark.

FATHER

13. NAME: Adam Criswell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): So. Car.

MOTHER

15. MAIDEN NAME: Savannah Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): So. Car.

17. INFORMANT: Mary Johnson
(ADDRESS) 3723 Finney ave.

18. BURIAL, CREMATION, OR REMOVAL: Washington Park Cem. DATE 7-6 1936

19. UNDERTAKER: Mullen & Dailey
(ADDRESS) 3037 Thomas St.

20. FILED JUL 6 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy seen in attendance

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

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:00 p.m.

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

	Date of onset
Coma (Syphilis)	
Congestion of Lungs - Acute Gastritis	

Other contributory causes of importance: 34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 .....

(Signed) Frank P. Furlong, M. D.

(Address) Coroner.