

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.

AUG 15 1936

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

Do not use this space.

25522

1. PLACE OF DEATH

County *DuChaparr*
Township *Washington*
City *Spring*

Registration District No. *85*

Primary Registration District No. *1001*

File No. _____
Registered No. *880*
St. _____ Ward) _____

2. FULL NAME *Emma G. Smith*

(a) Residence, No. *623 Hickory* St., _____ Ward.

(Usual place of abode)
Length of residence in city or town where death occurred *Two* 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 *Female* 4. COLOR OF RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 4 - 1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 13 27

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. *at home*

10. Date deceased last worked at this occupation (month and year) *2/7/36* 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Joseph mo*

13. NAME *Herman H. Edelberger*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

15. MAIDEN NAME *Vandover*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

17. INFORMANT (ADDRESS) *Ray W. Smith 623 Hickory*

18. BURIAL, CREMATION, OR REMOVAL *Not known* DATE *July 3 1936*

19. UNDERTAKER (ADDRESS) *Berry - Wages 218 1/2 S. 10*

20. FILED *July 3 1936 H. J. Nestlebusch*

Registrar *70*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 1 1936*

22. I HEREBY CERTIFY That I attended deceased from *5 - 23 1936* to *6 - 27 1936*

I last saw him alive on *June 27 1936*. Death is said to have occurred on the date stated above, at *home*.

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

Cerebral Hemorrhage
930
Other contributory causes of importance:
arteriosclerotic changes
myocard. chng.

Date of onset _____

Name of operation *none* Date of _____
What test confirmed diagnosis? *Chn.* 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) *Frank E. Harbeck*, M. D.
(Address) *Templewood Bldg.*

