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 28 1936

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

Do not use this space.

27777

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City Farmington, Mo.

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 120

(No. , St. Ward)

2. FULL NAME Lela Smith

(a) Residence, No. Crocker, Mo. St., 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1895

7. AGE: YEARS 40 | MONTHS 8 | DAYS 14 | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Wm. Siegel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crocker, Mo.

MOTHER
15. MAIDEN NAME Paralee Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crocker Mo DATE 7-6 1936

19. UNDERTAKER (ADDRESS) Adams + Coyce Thera Mo.

20. FILED July 6 1936 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4- , 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-24- , 1935, to 7-4-36 , 19
I last saw her alive on 7-3- , 1936 Death is said to have occurred on the date stated above, at 8:15A m.
The principal cause of death and related causes of importance were as follows:

Dementia Praecox (Excited and Depressed phases - ending in exhaustion)

104 b

Date of onset

Other contributory causes of importance:
Chronic Bronchitis, chronic rhinitis & Sinusitis, nutritional edema

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
(Signed) Dr. G. Tivis Graves, Jr., M. D.
(Address)