

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

Do not use this space.

31796

1. PLACE OF DEATH

County New Madrid
Township Conro
City (No. _____) _____

Registration District No. 605
Primary Registration District No. 4357

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Maggie Smith
(a) Residence, No. 10 St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or WIFE of <u>Gasper Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1882-2-3</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>6</u>	<u>21</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeping</u>			
	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) <u>Missouri</u>				
MOTHER	13. NAME <u>William Caldwell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>Emma Lanston</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Gasper Smith</u> (ADDRESS) <u>Parma mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington Cemetery</u> DATE <u>Aug 26</u> 19 <u>36</u>				
19. UNDERTAKER <u>P. C. Knight</u> (ADDRESS) <u>Parma mo</u>				
20. FILED <u>8/25</u> 19 <u>36</u> <u>Dr. Geo W. Hunter</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 24 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1936, to Aug 24 1936
I last saw h. e. alive on Aug 24 1936 Death is said to have occurred on the date stated above, at 9-7 m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Mesentery and Right Leg Date of onset 8 days

Other contributory causes of importance:
Ulcer of Left leg and vascular strain with clot adhesion

Name of operation None Date of _____
What test confirmed diagnosis? leg Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury _____, 19____
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Superior, M. D.
(Address) Madison

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.

