

SEP 29 1936

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

Do not use this space.

32059

1. PLACE OF DEATH

County Ray
Township Park
City _____ (No. _____, St. _____, Ward _____)

Registration District No. 742
Primary Registration District No. 5977a

File No. _____
Registered No. _____

2. FULL NAME Blanche Smith

(a) Residence, No. _____ 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School 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) Lawsor, Mo.

13. NAME Kelly Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

15. MAIDEN NAME Jean Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

17. INFORMANT (ADDRESS) Kelly Smith, Lawsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawsor, Mo. DATE Aug 3 1936

19. UNDERTAKER (ADDRESS) Claude Prichard, 224 Central Springs, Mo.

20. FILED Aug 2 1936 Edwin House, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from July 31 - 1936, to Aug 1st 1936. I last saw her alive on Aug 1st 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Acute Myocarditis with acute Bronchitis
11/5/36

Date of onset Do not know

Other contributory causes of importance: Chronic Cholecystitis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chronic Cholecystitis Is there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) H. J. Clark, M. D.
(Address) Republic Springs, Mo.

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.

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