

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

Do not use this space.

OCT 20 1936

33649

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No) St. _____ Ward _____

File No. _____
 Registered No. 264

2. FULL NAME

Mahala Smith
 (a) Residence, No. 21 Worley 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 - 8

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-36, 19
 22. I HEREBY CERTIFY, That I attended deceased from 9-21-36, 19, to 9-23-36, 19.
 I last saw h.u. alive on 9-23-36, 19. Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:

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

Date of onset _____
Acute dysentery myocarditis
 Other contributory causes of importance: _____

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri
 13. NAME Joseph Holman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
 15. MAIDEN NAME Mary Appleton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

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 _____

17. INFORMANT Garrie Madison (ADDRESS) Columbia Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 9-26-, 19_____
 19. UNDERTAKER Stuart P. Parker (ADDRESS) Columbia Missouri
 20. FILED 9/28/, 1936 Allie Selby Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) D. A. Moore, M. D.
 (Address) Columbia 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.

