

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.

NOV 17 1936

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

Do not use this space.

36593

1. PLACE OF DEATH

County Barry
Township Flat Rock
City (No.)

Registration District No. 99
Primary Registration District No. 5038

File No. _____
Registered No. 79
St. _____ Ward)

2. FULL NAME

Dortha L. Smith
(a) Residence, No. Route 2, Cassville, Mo. 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>H. M.</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 OF (OR) WIFE OF <u>E. H. Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-6-1916</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>9</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	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>Barry County Missouri</u>	
FATHER	13. NAME	<u>V. M. Owens</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Elwood Indiana</u>
MOTHER	15. MAIDEN NAME	<u>Florella Ireland</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Cassville Missouri</u>
17. INFORMANT (ADDRESS)	<u>E. H. Smith Cassville, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Cassville</u>	DATE <u>10-14-36</u>
19. UNDERTAKER (ADDRESS)	<u>Koon Funeral Home Cassville, Mo.</u>	
20. FILED	<u>10-20</u>	<u>1936</u> <u>O. W. Newman Registrar.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. EX alive on 10-12, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Was 7 month pregnant from fall resulting in internal injuries of neck and chest causing hydrothorax congestion of lungs & heart failure

Other contributory causes of importance:
Internal injuries of character

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? NO

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? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall unprotected

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. W. Hays M. D.
(Address) Cassville Mo.

