

DEC 30 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Ball
 Township Salt River
 City Ball (No. 1)

Registration District No. 287
 Primary Registration District No. 2959

42237

File No. 215
 Registered No. 215
 St. Ball Ward 1

2. FULL NAME

Mrs. Permelia Jane Smith

(a) Residence, No. 1 St. Ball Ward 1
 (Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 18 yrs. 0 mos. 0 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

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

Columbus Smith

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

1-26-58

7. AGE

78

YEARS

9

MONTHS

9

DAYS

9

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Home Keeper

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)

Ky.

13. NAME

David Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

don't know

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

don't know

17. INFORMANT (ADDRESS)

Columbus Smith Perry, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ladonia

DATE

11-7-1936

19. UNDERTAKER (ADDRESS)

J. B. Clark

Laudalia Mo

20. FILED

Nov 7, 1936

Herc Roulley

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1936 to Nov 5, 1936

I last saw her alive on Nov 1, 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:

Arteriosclerosis unknown

Other contributory causes of importance:

Chronic Arthritis

Name of operation

What test confirmed diagnosis? Physical Was 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 no, 1936Where did injury occur? no (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? noIf so, specify no(Signed) J. B. Clark, M. D.(Address) Perry, 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.

