

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.

FEB 18 1937

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

Do not use this space.

711

## 1. PLACE OF DEATH

26 County ColeTownship MoreauCity Russellville (No. \_\_\_\_\_)Registration District No. 214Primary Registration District No. 5294

File No. \_\_\_\_\_

Registered No. 2

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Francis Ellen Smith(a) Residence, No. Russellville, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P.D. Smith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30th, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>80</u>	<u>5</u>	<u>27</u>	

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

House Wife

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) Russellville  
(STATE OR COUNTRY) Missouri13. NAME Joseph Stevens14. BIRTHPLACE (CITY OR TOWN) Russellville  
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Elizabeth Enloe16. BIRTHPLACE (CITY OR TOWN) Russellville  
(STATE OR COUNTRY) Missouri17. INFORMANT Mrs. Geo Shaw  
(ADDRESS) Clean Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Enloe Cem. DATE Jan. 29th, 193719. UNDERTAKER G.N. Steffens  
(ADDRESS) Russellville, Mo.20. FILED Jan. 29, 1937 Mrs. Mabel Barbour  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1937 . 1922. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1937, 19, to Jan. 27, 1937, 19.I last saw h. or alive on Jan. 27, 1937, 19. Death is said to have occurred on the date stated above, at 11 P. m.

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

Influenza

Date of onset

Jan. 1, 1937

Other contributory causes of importance:

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify Walter L. Leslie M. D.(Signed) Russellville Mo  
(Address)

