

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 16 1937

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

Do not use this space.

901

1. PLACE OF DEATH

County Gentry
Township Athena
City (No. St. Ward)

Registration District No. 309

Primary Registration District No. 5427

File No.

Registered No. 6

2. FULL NAME Una Mae 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 14, 1923</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>13</u>	<u>3</u>	<u>17</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) Gentry Co. Mo.
(STATE OR COUNTRY)

13. NAME Willfred Smith

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

15. MAIDEN NAME Iva Blodgett

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

17. INFORMANT W. Smith
(ADDRESS) Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE 2/2

19. UNDERTAKER Robert H. Yapple
(ADDRESS) Albany Mo.

20. FILED Feb 1, 1937 W. G. Martin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1937, to Jan 31 1937
I last saw alive on Jan 22 1937. Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset Jan 22
Influenza
Other contributory causes of importance Conditio
Acute Infectious

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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
(Signed) J. N. Benge, M. D.
(Address) Albany Mo.

