

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.

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

Do not use this space.

JAN 26 1937

1. PLACE OF DEATH

County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 near City Farmington, Mo. (No. 4) St. _____ Ward _____

File No. 2842
 Registered No. 7

2. FULL NAME

Annie Smith

(a) Residence, No. East Prairie, 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 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 Geo. W. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>64</u>		<u>9</u>	<u>26</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23rd
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Moscow 2
 (STATE OR COUNTRY) Kentucky 20

13. NAME David Cornwell 4

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

15. MAIDEN NAME Piety Young

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

17. INFORMANT Hospital Records
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergree Cemetery DATE Jan. 13th 1937
New Madrid, Mo.

19. UNDERTAKER Richards Undertaking Co.
 (ADDRESS) New Madrid, Mo.

20. FILED Jan 12 1937 T. J. Robinson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1937

I HEREBY CERTIFY, that I attended deceased from August 11, 1936, to January 11, 1937

I last saw him alive on January 11, 1937 Death is said to have occurred on the date stated above, at 6:10 P.

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

Arteriosclerosis, generalized Date of onset ?

Other contributory causes of importance:
Paratyphoid infection 10/10/36
Psychosis with Cerebral Arteriosclerosis 1930

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

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? No
 If so, specify _____

(Signed) C. C. Quitt M. D.
 (Address) Farmington, Mo.

MAY 18 1959

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