

MAR 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Iron  
Township Union  
City Desha (No. ....)

Registration District No. 390  
Primary Registration District No. 5545

File No. 6121  
Registered No. .... St. .... Ward)

## 2. FULL NAME

Ida Yelena Smith  
(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 40 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1861

7. AGE YEARS 76 MONTHS 8 DAYS 24 If LESS than 1 day, .... hrs. or .... min.

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

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) Edwardsville Ill.

13. NAME Unknown

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

15. MAIDEN NAME Hulda Humphrey

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

17. INFORMANT Della Stevenson (ADDRESS) Desha mo

18. BURIAL, CREMATION, OR REMOVAL PLACE The Hollow mo. DATE Feb 28 1937

19. UNDERTAKER Thomas W. Bish (ADDRESS) Desha mo

20. FILED 3/10 1937 B. C. Qualter Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-27 1937 to 2-27 1937

I last saw h. .... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 6:30 P. m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Arteriosclerosis

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 .....

(Signed) T. B. Piles, M. D.

(Address) Desha mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

