

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.

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township  
City Rolla (No. ....)

Registration District No. 677  
Primary Registration District No. 4403

File No. 2639  
Registered No. 29  
St. .... Ward

2. FULL NAME

Mrs. Mary Alice 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 - 1937 to Feb 26 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25, 1856

I last saw her alive on Feb 25 - 1937 Death is said to have occurred on the date stated above, at 3:24 a.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 11 1

Date of onset

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

Quodernal Ulcer  
Acute  
Chole Cystitis

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Percelle Ind

MOTHER FATHER 13. NAME Frank Huckins

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

15. MAIDEN NAME Mrs. Emma Cochran

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

17. INFORMANT (ADDRESS) Alfred A. Smith Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Cemetery DATE 2/28 1937

19. UNDERTAKER (ADDRESS) Mrs. Harry M. Cow Rolla Mo

20. FILED Feb 28 1937 Joe. F. Ayers Registrar

Name of operation None Date of

What test confirmed diagnosis? 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) R. E. Jones, M. D.  
(Address) St. Louis Mo

Dr R E Brewer