

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

Do not use this space.

APR 8 1937

9668

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Louis (No. General Hosp. #2, St. 3rd Ward)

File No. 1785

Registered No. _____

2. FULL NAME

Lydian Smith
 (a) Residence, No. 808 1/2 B. 10th St. _____ Ward. _____
 (Usual place of abode)
 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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1937, to 3-17, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-1889

I last saw her alive on 3-17, 1937 Death is said to have occurred on the date stated above, at 11:30 P.M.

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
<u>30</u>	<u>4</u>	<u>7</u>	<u>3</u>	<u>3</u>

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

Acute Leucemia Date of onset _____
(Leukemic Phase)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
 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: 72^a

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

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

13. NAME John W. Smith

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

15. MAIDEN NAME Senar Bond

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3/20 1937

19. UNDERTAKER (ADDRESS) Hutchins Bros. 1727 Lytle

20. FILED 3-20-37 M. M. Crawford Registrar.

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) J. O. ... (Address) General Hosp. #2

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

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