

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129
Township Shawnee Primary Registration District No. 5180
City Neelys Landing (No.), Neelys Landing, Mo. St. Ward

File No. 11466
Registered No. 5

2. FULL NAME Clara Alice Smith

(a) Residence, No. Neelys Landing, 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 <u>James H. Smith</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30, 1886</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>50</u>	<u>8</u>	<u>28</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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) <u>Cotowhaco</u> (STATE OR COUNTRY) <u>North Carolina</u>				
MOTHER	13. NAME <u>George Holler</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Cotowhaco</u> (STATE OR COUNTRY) <u>North Carolina</u>			
	15. MAIDEN NAME <u>Setzer</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Cotowhaco</u> (STATE OR COUNTRY) <u>North Carolina</u>			
17. INFORMANT <u>James H. Smith</u> (ADDRESS) <u>Neelys Landing, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Neelys Landing, Mo.</u> DATE <u>March 31, 1937</u>				
19. UNDERTAKER <u>Haman's Funeral Home</u> (ADDRESS) <u>Cape Girardeau, Mo.</u>				
20. FILED <u>April 8 - 1937</u> <u>G. J. Schorn</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937, to March 28, 1937
I last saw him alive on March 25, 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral
apoplexy
of the
left
hemisphere

Other contributory causes of importance:
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) O. J. Miller, M. D.
(Address) Cape Girardeau, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

THE OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS
AUSTIN, TEXAS

IN RE: [Illegible Name]
[Illegible Address]
[Illegible City, State, Zip]

STATE OF TEXAS
COUNTY OF [Illegible County Name]

THE STATE OF TEXAS
COUNTY OF [Illegible County Name]

[Illegible Text]

[Illegible Text]

[Illegible Text]

[Illegible Text]

[Illegible Text]

[Illegible Text]

[Illegible Text]