

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

Do not use this space.

12674

APR 22 1937

1. PLACE OF DEATH

County Missouri
Township St James
City St James (No.)

Registration District No. 567
Primary Registration District No. 5763

File No.
Registered No. 20 St. Ward)

2. FULL NAME

Linnie E 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 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George F. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Union Co. Ky.

13. NAME Marion King

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Union Co. Ky.

15. MAIDEN NAME Betty Thornley

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Union Co. Ky.

17. INFORMANT (ADDRESS) George F. Smith, East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE C.O.C. DATE Mar 8 37

19. UNDERTAKER (ADDRESS) Lewis Sheehy, East Prairie, Mo.

20. FILED 3/6/37 19 St James, Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6th 1937

22. I HEREBY CERTIFY, that I attended deceased from 2/6 1937, to 3/6 1937. I last saw him 3/6 1937. Death is said to have occurred on the date stated above, at 8:10 a.m.

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

myocardites

Date of onset

Other contributory causes of importance: 9/5/37

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) A. J. Martens M. D.
(Address) East Prairie Mo

Exact statement of OCCUPATION is very important. PHYSICIANS should state in plain terms, so that it may be properly classified.

