

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Platte
City Smithville (No. _____)

Registration District No. 203
Primary Registration District No. 4122

File No. 16085
Registered No. 7
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Brooks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-10-1858</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>9</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Woodford Co., Ky.</u>		
13. NAME <u>Merriam B. Mitchell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Ann Nave</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Walter Brooks Smithville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>1204 Elm Smithville, Mo.</u> DATE <u>4-11-37</u>		
19. UNDERTAKER (ADDRESS) <u>McDouglas Mortuary Smithville, Mo.</u>		
20. FILED <u>4-10-1937</u> <u>E. C. Hill</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1937

22. HEREBY CERTIFY, That I attended deceased from 4-7-37, to 4-9-37, 1937
I last saw the deceased alive on 4-9-37, 1937. Death is said to have occurred on the date stated above, at 7 1/2 m.

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

Coronary Thrombosis
M. y. a. c. d. Degeneration

Name of operation None Date of _____
What test confirmed diagnosis Ex. Heart 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) [Signature], M. D.
(Address) Smithville, Mo.

