

JUN 22 1937

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

Do not use this space.

211217

1. PLACE OF DEATH

County Hawell
City Goldsburg
Missouri Mo.

Registration District No. 583
Primary Registration District No. 5834

File No.
Registered No.
St. Ward

2. FULL NAME

Bertie Smith
(a) Residence, No. Missouri Mo. St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED WIFE OF Lee Smith

22. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to May 19 1937
I last saw her alive on May 10 1937 Death is said to have occurred on the date stated above at 2 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1891

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

7. AGE YEARS 45 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.

Cancer of Bowels

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

Other contributory causes of importance: 40

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) Butler Mo

13. NAME Miss Stricker

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

15. NAME Laura Hardin

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

17. INFORMANT Lee Smith (ADDRESS) Missouri Mo

18. BURIAL, CREMATION, OR REMOVAL Missouri Mo PLACE Missouri Mo DATE May 20 1937

19. UNDERTAKER (ADDRESS) J. J. ...

20. FILED 6-10 1937 W. C. ... Registrar.

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) W. C. ... M. D.
(Address) Missouri Mo

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

45-9-13