

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

Do not use this space.

JUN 23 1937

1. PLACE OF DEATH

County **Lewis**
Township **Union**
City **La Grange** (No. _____)

Registration District No. **480**
Primary Registration District No. **4289**

File No. **20555**
Registered No. **11**
St. _____ Ward _____

2. FULL NAME

Rachel Ann 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 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 **Black** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles Smith**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 30th 1843**

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
93	5	20	

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

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) **Ohio**

13. NAME **William Bird**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio.**

15. MAIDEN NAME **Sarah Price**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **West Indies**

17. INFORMANT **Charley Smith**
(ADDRESS) **La Grange, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **La Grange** DATE **May 22** 19 **37**

19. UNDERTAKER **A.A. Roberts**, **La Grange, Mo.**
(ADDRESS)

20. FILED **May 2 1937** **J. P. Kelly**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 20th 1937**

22. I HEREBY CERTIFY That I attended deceased from **April 10** 19**37** to **May 19** 19**37**

I last saw him alive on **May 19** 19**37**. Death is said to have occurred on the date stated above, at **3 A.M.**

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

Senility Date of onset _____

Other contributory causes of importance:
Chronic Yelverton Heart Disease + Dropsy **April 1932**

Name of operation _____ Date of _____

What test confirmed diagnosis? **None** 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) **J. D. Owens** M. D.

(Address) **La Grange Mo**

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.

