

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

Do not use this space.

21062

1. PLACE OF DEATH 1337

County Rolla
Township Springfield
City Rolla (No. 7)

Registration District No. 72-6
Primary Registration District No. 6-9-7

File No. 21062
Registered No. 7 St. 7 Ward

2. FULL NAME Clare S. McNary Smith

(a) Residence, No. New London, Mo. St. 7 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 Birney D. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1892
7. AGE YEARS 42 MONTHS 3 DAYS 24 IF LESS than 1 day, hrs. or min.

OCCUPATION 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. Home
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) Pike Co., Missouri

FATHER 13. NAME Wm. C. McNary
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Illinois

MOTHER 15. MAIDEN NAME Ida M. Boyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Missouri

17. INFORMANT (ADDRESS) Mr. Birney D. Smith, New London, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berkley DATE May 26, 1937

19. UNDERTAKER (ADDRESS) Smith Jones Funeral Service, New London, Mo.

20. FILED May 24, 1937 Blanche Huggins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to May 24, 1937.
I last saw her alive on May 24, 1937. Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer
Date of onset

Other contributory causes of importance:

Name of operation 50 Date of no
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? No
If so, specify.
(Signed) N. J. Waters, M. D.
(Address) New London, Mo.

NOTE: 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.

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Halls
Township Spencer
City (No.)

Registration District No. 726
Primary Registration District No. 6957

File No. 210621
Registered No.

2. FULL NAME

Clare L. Mc Mary 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
42 3 24

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED May 26 1937 Blanche Pugm (Registrar)

MEDICAL CERTIFICATE OF DEATH

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Cancer Breast Date of onset

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