

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

JUL 29 1937

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

Do not use this space.

24136

1. PLACE OF DEATH

County Lawrence
Township Lincoln
City _____ (No. _____)

Registration District No. 469
Primary Registration District No. 5630

File No. _____
Registered No. 17 St. _____ Ward _____

2. FULL NAME

Louisa Sue Smith

(a) Residence, No. Miller Mo St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-1937

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1937, to Apr 15, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-1937

I last saw her alive on Apr 15, 1937. Death is said to have occurred on the date stated above, at 2:20 A.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 1 22

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

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 _____

Pertussis Date of onset 4-3-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

Other contributory causes of importance: Weak from birth unable to take nourishment.

13. NAME Jess Smith

Name of operation _____ Date of _____
What test confirmed diagnosis? Casper Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

15. MAIDEN NAME Hazel Brown

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) Mr. Jess Smith Miller Mo. R.F.D.#

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Summit DATE 4-16-37

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

19. UNDERTAKER (ADDRESS) Monroe & Leiman Miller Mo.

(Signed) L. J. Holmes, M. D.
(Address) Miller Mo

20. FILED 7-16-1937 S. B. Brewer Registrar

