AUG 25 1937

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

Do not use this space.

File No. 27633
Registered No. 46

55 1 4

1. PLACE OF DEATH
County Lawrence
Township Aurora
City Aurora (No. 201 A Madison Ave St. Ward)

Registration District No. 467
Primary Registration District No. 4280

2. FULL NAME Anna Eliza Smith

(a) Residence, No. 201 A Madison Ave 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28-1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
85	3	7	

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.
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) Sarcoxie Missouri.

FATHER

13. NAME Richard W Burris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hunt County Kentucky.

MOTHER

15. MAIDEN NAME Mary Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillocothe Ohio.

17. INFORMANT (ADDRESS) Alonzo- Smith Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sarcoxie Mo. DATE July 7 1937

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo.

20. FILED 7-6 1937 R. W. Cowan, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937 to July 6, 1937
I last saw her alive on June 28, 1937. Death is said to have occurred on the date stated above, at 4.20 A.M.
The principal cause of death and related causes of importance were as follows:

Senality

Date of onset

Other contributory causes of importance:

162

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? No
If so, specify
(Signed) J Will Smith, M. D.
(Address) 121 N Pleasant Aurora 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.

I X9314

TOMSO-