SEP 15 1937

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

Do not use this space.

File No. 30039

Registered No. 40

Registration District No. 40

Primary Registration District No. 4024

1. PLACE OF DEATH
County: Barton
Township:
City: Lamar (No. ..... St. ..... Ward)

2. FULL NAME: Anna Eliza 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 17 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: C. V. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 23 - 1865

7. AGE: Years 71 | Months 8 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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 COUNTY): Mayfield Green Kansas

FATHER

13. NAME: H. S. Wicks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Indiana

MOTHER

15. MAIDEN NAME: Mary Peeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Virginia

17. INFORMANT (ADDRESS): Miss Gertrude Williams Lamar Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Mary's Cem DATE: Aug 7, 1937

19. UNDERTAKER (ADDRESS): Konantz's Lamar, Mo.

20. FILED: Aug-6-1937 Mrs Josephine Mynatt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1937 to Aug 5, 1937

I last saw her alive on Aug 5, 1937. Death is said to have occurred on the date stated above, at 8:10 a.m.

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

Cerebral Hemorrhage — Date of onset 1937 June 9

again on Aug-3-1937

Other contributory causes of importance:

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) C. E. Duncell, M. D.

(Address) Lamar 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.