SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Livingston
Township Wheeling
City ..... (No. ..... St. ..... Ward)

Registration District No. 516
Primary Registration District No. 5682

File No. 31151
Registered No. 6

2. FULL NAME Maggie Christy Smiley

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 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: H. S. Smiley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 21" 1864

7. AGE: YEARS 72 | MONTHS 11 | 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.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House
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): Linn. Co. Missouri

FATHER
13. NAME: Wm Robbins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Penna.

MOTHER
15. MAIDEN NAME: Marthy Christy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): H. S. Smiley Wheeling Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wheeling Mo DATE Aug 17 1937

19. UNDERTAKER (ADDRESS): Smiley Funeral Home Wheeling Mo

20. FILED Aug. 16 1937 Mrs. L. Boone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1933, to Aug. 15, 1937
I last saw her alive on Aug 15, 1937 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:

	Date of onset
Acute Dilatation of Heart	8-1-37
Chronic Myocarditis	5-1-36
Empyemia of Right Lung with Effusion	11-18-36
Other contributory causes of importance:	
Bronchial Pneumonia	1930

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray 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) [signature] M.D.
(Address) Meadville 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.