

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Crawford
Township Oak Hill

Registration District No. 284
Primary Registration District No. 6819

File No. 34058
Registered No. _____
St. _____ Ward _____

2. FULL NAME Amanda P. Smith

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1855

7. AGE YEARS 82 MONTHS 8 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville Mo

13. NAME Johnson Erickson

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Robert Smith Oak Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Mo DATE 10-13 1937

19. UNDERTAKER (ADDRESS) W.F. Galtmistrater Owensville Mo

20. FILED Oct 13 1937 Killie Reden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1937 to Oct 12, 1937

I last saw h. w. alive on Oct 11, 1937 at 5:15 a.m. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic Non Valvular Heart Disease

Other contributory causes of importance: general arteriosclerosis

Name of operation none 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) Joseph W Mills, M. D.
(Address) Owensville Mo

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

Date of onset unknown

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

34058
Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 234
(b) Township _____ Primary Registration District No. 5819 Registered No. _____
(c) City Oak Hill (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Amanda P Smith

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-29-1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 8 14

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 8 to Oct 12, 1937
I last saw her alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 5-2 a.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation life

Chronic - non Valvular Heart disease
Other contributory causes of importance: General Arterio-Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville Mo

13. NAME Johnson Ericsson

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Libert Smith
Oak Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 10-13-1937

19. FUNERAL DIRECTOR (ADDRESS) W. J. Gattenstotter
Owensville Mo

20. FILED Oct-13-1937 Lillis Rodgers Local Registrar.

Name of operation none 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 Joseph W. Mills, M. D.
(Address) Owensville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
AGE should be stated EXACTLY. PHYSICIAN'S should state whether or not death was certainly supposed.

SUPPLEMENTAL

S-34058