

NOV 17 1937

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

Do not use this space.

37590

1. PLACE OF DEATH

County Franklin
Township Cotton Hill
City Malden (No. _____)

Registration District No. 2891
Primary Registration District No. 5407

File No. _____
Registered No. 0 St. _____ Ward _____

2. FULL NAME

Clara Pearl 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 married

5A. IF MARRIED, WIDOWED, OR DIVORCED husband of (OR) WIFE OF Louis C. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1888

7. AGE YEARS 49 MONTHS 10 DAYS 5 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. been home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Disegalle (STATE OR COUNTRY) Louisiana

13. NAME Beaver

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) M. Smith Malden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton Mo DATE 11-9-37

19. UNDERTAKER (ADDRESS) M. Payne Cottagesville Mo

20. FILED 11-8-37 E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1937, to Nov 8, 1937

I last saw her alive on Nov 7, 1937. Death is said to have occurred on the date stated above, at 6 A m.

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

Pernicious Eremia thrown thru drat & water

Other contributory causes of importance None

Name of operation none Date of _____
What test confirmed diagnosis? Rx Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none 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) Lloyd Carters M.D.
(Address) Malden

