

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lincoln
Township Hillwood
City (No. _____) _____ St. _____ Ward _____

Registration District No. 490
Primary Registration District No. 5657

File No. 38096
Registered No. 6

2. FULL NAME Anna K. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1859

7. AGE YEARS 73 MONTHS 0 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) Germany

13. NAME Henry Harms

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

15. MAIDEN NAME Sarah Grenevalt

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

17. INFORMANT Sophia Shaw (ADDRESS) Silex, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chry, Mo. DATE Oct, 15, 1937

19. UNDERTAKER W. R. Vomund (ADDRESS) Silex, Mo.

20. FILED 10-13-1937 O. H. Dawson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-13-1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. - 12, 1937, to Oct-13-, 1937

I last saw her alive on Oct. - 12 -, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Ulcer of the Stomach with perforation.

Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) O. H. Dawson, M. D.
(Address) Silex, Mo.

