

NOV 20 1937

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

Do not use this space.

38368

1. PLACE OF DEATH

County Nodaway

Registration District No. 618

File No. 38368

Township Burlington Jct

Primary Registration District No. 4369

Registered No. 9

City Burlington Jct

(No. , St. Ward)

2. FULL NAME Adaline Johnston 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Oct 6, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1848

I last saw h. u alive on Oct 6, 1937. Death is said to have occurred on the date stated above, at 12:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 89 0 7

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

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Chronic Cerebral
Chronic Myocarditis
Chronic Nephritis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) Chillicothe (STATE OR COUNTRY) Ohio

Other contributory causes of importance: Senility

13. NAME Ephram Johnston

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) Chillicothe (STATE OR COUNTRY) Ohio

What test confirmed diagnosis? Was there an autopsy? Mo

15. MAIDEN NAME Rebecca Jones

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

16. BIRTHPLACE (CITY OR TOWN) Chillicothe (STATE OR COUNTRY) Ohio

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Mrs. L.O. Staples (ADDRESS) Burlington Jct. Mo.

Specify whether injury occurred in Industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ohio Cemetery DATE Oct 8, 1937

Manner of injury Nature of injury

19. UNDERTAKER J. R. Hann (ADDRESS) Burlington Jct Mo

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED October 23, 1937

(Signed) B. J. Byland, M. D. (Address) Burlington Jct Mo

J. Hann
Registrar.

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

OCCUPATION

MOTHER FATHER

