

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.

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lay Co Registration District No. 1043  
 Township Ozark Primary Registration District No. 6141  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 39025

Registered No. 9

2. FULL NAME Victoria Inman 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8 - 22 - 18 77  
 7. AGE YEARS 60 MONTHS 2 DAYS 7 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
 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) Grogan, Missouri

13. NAME H. M. Inman

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

15. MAIDEN NAME Manda Inman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ironton, Missouri

17. INFORMANT L. Lay (ADDRESS) Ginnee, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Big Creek Cem. DATE Oct. 29 1937

19. UNDERTAKER Henry Martin (ADDRESS) Missouri

20. FILED Oct 29 1937 Mrs. S. M. Wilkite Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 / 1937

22. I HEREBY CERTIFY, That I attended deceased from 107 27 / 1937 to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on Oct 27 / 1937. Death is said to have occurred on the date stated above, at 2 a m.

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

Suicide by taking Paris green  
Bad Health  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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) J. M. Daniels, M. D.  
 (Address) Sumnerville Mo

WHITE PRINT, WITH IMPROVED INK—THIS IS A PERMANENT RECORD

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