

DEC 20 1937

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

Do not use this space.

41366

1. PLACE OF DEATH

County HarrisonRegistration District No. 339

Township

Primary Registration District No. 4201

City

Gilman City Mo.

St.

Ward

2. FULL NAME Laura Ellen 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

Female

4. COLOR OR RACE

White

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

Single

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

never married

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

June 17 - 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

65425

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

Housekeeper

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)

Jan 1 - 37

11. Total time (years) spent in this occupation

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

State of Mo.

13. NAME

Gideon Smith

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

State of Indiana

15. MAIDEN NAME

Mildred Bassett

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

State of Kentucky

17. INFORMANT (ADDRESS)

See G. Railly, Cash, Gilman City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Grove DATE Nov 13 - 1937

19. UNDERTAKER (ADDRESS)

W. D. Holmes, Gilman City Mo.

20. FILED

12-15 1937 W. D. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

Oct 27, 1937, to Nov 12, 1937.I last saw her alive on Nov 12, 1937. Death is saidto have occurred on the date stated above, at 10:45 a.m.

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

acute exanthema of a chronic interstitial nephritis

Date of onset

10-2919378 years

Other contributory causes of importance:

Chronic interstitial nephritisName 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 _____, 1937

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) W. D. Holmes, M. D.(Address) Gilman City Mo.

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.

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