DEC 21 1937

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

Do not use this space.

File No. 41685

Registered No. 32

1. PLACE OF DEATH

County: Knox

Township: Bee Ridge

City: Edina Mo. (No. ..... St. ..... Ward)

Registration District No. 441

Primary Registration District No. 5599

2. FULL NAME Mary Elizabeth Morris 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. 5 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*): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Robert Wm Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14 1845

7. AGE: YEARS 92 MONTHS 3 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indianapolis Ind.

FATHER

13. NAME: Mason Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indianapolis Ind.

MOTHER

15. MAIDEN NAME: Lucinda Jane Jones

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

17. INFORMANT (ADDRESS): Mason Smith Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Corin Cemetery DATE 11-9-1937

19. UNDERTAKER (ADDRESS): Mrs. J. W. Hudson Edina Mo.

20. FILED Nov 8 1937 Mrs. C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1937, to Nov. 7, 1937

I last saw her alive on Nov. 7, 1937. Death is said to have occurred on the date stated above, at 7:45 p.m.

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

	Date of onset
Cardio-vascular-renal disease	1928

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Exam 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? No

If so, specify .....

(Signed) W. L. Landfather M. D.

(Address) Edina, 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.