

JAN 18 1938

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

*Dr. J. Dervey*  
Do not use this space.  
45363  
1145

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Springfield Mo. Primary Registration District No. 2001  
City Springfield Mo. (No. 1) Mary E. Wilson Home (Ward)

2. FULL NAME

Clarence May Smith  
(a) Residence, No. Mary E. Wilson Home Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Geo. P. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
✓ 52 8 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 202

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) Crete Illinois

13. NAME Briston

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

15. MAIDEN NAME OK

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

17. INFORMANT (ADDRESS) Wm. Zeigler Roberts Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Dec. 7 - 37

19. UNDERTAKER (ADDRESS) Chas. C. Thompson Springfield Mo.

20. FILED Dec 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1937 to Dec 5 - 1937

I last saw him alive on Dec 3 - 1937 Death is said to have occurred on the date stated above, at 2:20 P.M.

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

Myocardial Insufficiency

5551

Other contributory causes of importance:

Patient had an abdominal tumor of undetermined nature

Name of operation None Date of None  
What test confirmed diagnosis chest 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) James E. Dervey, M. D.

(Address) Medical Arts Bldg Springfield 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.

