

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

Do not use this space.

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1. PLACE OF DEATH

17 County Linn Registration District No. 135 File No. 2330
Township North Primary Registration District No. 5192 Registered No. 1
City (No.) St. Ward

2. FULL NAME

Sue Lee Smith 530
(a) Residence, No. St. Ward.
(Usual place of abode)
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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19-38</u>		
7. AGE	YEARS	MONTHS DAYS
	<u>still born</u>	
OCCUPATION	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.	
	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) <u>Carsellton, Mo</u>		
FATHER	13. NAME <u>Fred Myers Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carsell Co</u>	
MOTHER	15. MAIDEN NAME <u>Devora MacKerney</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage Co, Mo</u>	
17. INFORMANT (ADDRESS) <u>Family</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Roswell</u> DATE <u>Jan 20 38</u>		
19. UNDERTAKER (ADDRESS) <u>Family</u>		
20. FILED <u>1-20</u> 19 <u>38</u> <u>Ruth Hoskins</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 . 19 38

22. I HEREBY CERTIFY That I attended deceased from Stillborn, 1938, 1938.
I last saw h. alive on Stillborn, 1938. Death is said to have occurred on the date stated above, in Stillborn.
The principal cause of death and related causes of importance were as follows:
mother fell
Date of onset

Other contributory causes of importance:

RECEIVED

Name of operation Date of
What test confirmed this? FEB 23 1938 Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?, 1938.
Where did injury occur (city or town, county, and State) Bureau of Vital Statistics, Missouri State Board of Health
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) R. Hamilton Stetson M. D.
(Address) Carsellton, Mo

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

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