

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

Do not use this space.

2952

1. PLACE OF DEATH

County Howell Registration District No. 979 File No. 2952
 Township Hutton Valley Primary Registration District No. 5537 Registered No. _____
 City Hutton Valley, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Maggie 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 18 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5th. 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 11 6

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

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) Steeltville, Mo.

13. NAME Samuel Hopkins

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

15. MAIDEN NAME Sarrah Murray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo.

17. INFORMANT (ADDRESS) Alpha J. Moore

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutton Valley DATE 1/14th. 1938

19. UNDERTAKER (ADDRESS) T. R. Burns & Son, Willow Springs, Mo.

20. FILED Feb 7 1938 H. C. Caton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-8-1938 to 1-11-1938

I last saw h. S. V. alive on 1-11-1938. Death is said

to have occurred on the date stated above, at 3:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 1-6-38
Rheumatic Heart Disease 1920

Other contributory causes of importance: Bronchial asthma 1920

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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) O. F. Callahan, M. D.
 (Address) Willow Springs, 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH