

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

Do not use this space.

21

3170

1. PLACE OF DEATH  
 50 County Jefferson Registration District No. 421  
 3 Township Jefferson Primary Registration District No. 4249  
 1 City Festus (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Clara Smith 530  
 (a) Residence, No. Mr. Zion 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.

File No. \_\_\_\_\_  
 Registered No. 9

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6<sup>th</sup> 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 04 06 10

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) 2-2-35 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Crystal City, Mo.

FATHER  
 13. NAME Frank Marshall  
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Festus, Mo.

MOTHER  
 15. MAIDEN NAME Anna Scott  
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Harrison, Mo.

17. INFORMANT Edward Marshall  
 (ADDRESS) Festus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Zion DATE Jan 28 1938

19. UNDERTAKER Wesley J. Long  
 (ADDRESS) 200 So. Adams, Festus, Mo.

20. FILED Jan 29 1938 of E. Outledge Registrar. (Address) Festus, Mo.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1938

22. I HEREBY CERTIFY That I attended deceased from October 25 1938 to January 21 1938  
 I last saw h. R.V. alive on January 21 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Mitral insufficiency (Insufficiency of the left ventricle)  
Chronic myocarditis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
General anasarca  
Chronic myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. Polgar, M. D.  
 (Address) Festus, Mo.

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

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH