

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. 3417
 Township Mason Primary Registration District No. 3029 Registered No. 15
 City Mount Pleasant (No. 6th & Hill) St. _____ Ward _____

2. FULL NAME

Cardelia C. Smith
 (a) Residence, No. 6th & Hill St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 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 O. E. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>11</u>	<u>24</u>	

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. at Home

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) Ralls Co. Mo.

13. NAME Heran Cameron

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

15. MAIDEN NAME Margha Rice

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

17. INFORMANT O. E. Smith
(ADDRESS) Mount Pleasant

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemeter DATE 1/15/38

19. UNDERTAKER Geis R. Hulse
(ADDRESS) Cemeter

20. FILED Jan 14 1938 W. A. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1938 to Jan 13 1938

I last saw him alive on Jan 13 1938 Death is said to have occurred on the date stated above, at 3002 m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) O. E. Smith, M. D.

(Address) Mount Pleasant 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 28 1938

BUREAU OF VITAL STATISTICS
N.C. STATE BOARD OF HEALTH