REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH — 1

County Gentry — Registration District No. 309 — File No. 6721

Township Hughins — Primary Registration District No. 5428 — Registered No. 8

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Nancy Nell Enochs Smith 530

(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 ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF, (OR) WIFE OF — Tony E Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 12-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	0	12	

OCCUPATION

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

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) Hughins Twp Gentry County Mo 0

FATHER

13. NAME Frank Enochs 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo 0

MOTHER

15. MAIDEN NAME Ivon Davis.

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

17. INFORMANT (ADDRESS) Frank Enochs Standerly Mo

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Gentry Co. Mo DATE 1/26 19 38 — Hall Cemetery

19. UNDERTAKER (ADDRESS) Robert F. Phillips Stanberry Mo

20. FILED 1/25 19 38 W. B. Comstock Registrar. acting

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Jan 24, 1938

I last saw h e alive on January 23 1938. Death is said to have occurred on the date stated above, at 3:00 P m.

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

	Date of onset
Dropsy	
G B C	

Other contributory causes of importance: Chronic Myocarditis

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? No

If so, specify .....

(Signed) C. J. Reay, M. D.

291 (Address) Albany 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.