

REC'D MAR 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County ShannonRegistration District No. 873Township WinonaPrimary Registration District No. 6074City Winona (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

fm

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

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

Other Brawley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1922

7. AGE

YEARS

15

MONTHS

8

DAYS

18

If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

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

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

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)

Wallace Co., Kansas

FATHER

13. NAME

Harry R. Smith

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Reno Co., Kansas

MOTHER

15. MAIDEN NAME

Edith Millard

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Cawley Co., Kansas

17. INFORMANT

(ADDRESS)

Harry Smith

Winona, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Zion, Winona, Mo. Feb. 22, 1938

19. UNDERTAKER

(ADDRESS)

Croy Funeral Service

Van Buren, Mo.

20. FILED

3-4-38, 19. Winona, Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2-20-1938

22. I HEREBY CERTIFY, That I attended deceased from

2-15-1938, to 2-20-1938

I last saw her alive on 2-18-1938. Death is said

to have occurred on the date stated above, at 1:30 p.m.

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

Septic Infection

Date of onset
2-18-38Following Child Birth
which occurred

2-11-38

Other contributory causes of importance:

145 lb

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)

H. P. Cuddy

M. D.

(Address)

Winona, Mo.

745

