

REC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County LewisTownship CantonCity Canton (No. 1)Registration District No. 477Primary Registration District No. 4286File No. 11307Registered No. 74

St. _____ Ward _____

2. FULL NAME Daisy Lee Smith 550(a) Residence, No. 410 Henderson Ave., 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

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 OFRoy Smith6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4, 1893

7. AGE

YEARS

44

MONTHS

7

DAYS

3IF 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.

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)

Canton Missouri

FATHER

13. NAME Benjamin F. Barnett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benjamin Missouri

MOTHER

15. MAIDEN NAME Flora A. Wells16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Mrs Irene Jacobs
(ADDRESS) Canton Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Canton, Mo. DATE Mar. 9, 193819. UNDERTAKER Earl H. Barkley
(ADDRESS) Canton Missouri20. FILED Mar. 9, 1938 H. W. Harris
Registrar. 430 (Address) Canton Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7, 193822. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1937 to Mar 7, 1938I last saw h. alive on Mar 7, 1938 Death is said to have occurred on the date stated above, at 12:30 A.

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

Mitral Stenosis
cardiac decompensation

Date of onset

Other contributory causes of importance: 9/8/38

Name of operation _____ Date of _____

What test confirmed diagnosis? ECG Was there an autopsy? no23. 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) H. W. Harris(Address) Canton 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.

DEPARTMENT RECORD

