REC'D MAY 20 1938

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

Do not use this space.

15283

1. PLACE OF DEATH

County Marion — Registration District No. 549 — File No.

Township Union — Primary Registration District No. 5742 — Registered No.

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

2. FULL NAME Patricia Anne Smoot 540

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 15 - 1938

7. AGE: YEARS ✓ MONTHS ✓ DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Marion Co. Mo.

FATHER

13. NAME Darrell Smoot
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

MOTHER

15. MAIDEN NAME Sylvia Critchlow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo

17. INFORMANT (ADDRESS) Darrell Smoot Emden, Mo.

18. BURIAL, CREMATION, OR REMOVAL Marion Co. Mo.
PLACE Ebenezer Cemetery DATE May 12 1938

19. UNDERTAKER (ADDRESS) E. P. Thompson Shelbyville, Mo.

20. FILED 5/12 1938 Mrs. C. F. Tipton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1938, to May 11 1938

I last saw her alive on May 11 1938. Death is said to have occurred on the date stated above, at 11:00 p.m.

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

Premature birth — Date of onset

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Other contributory causes of importance: Malnutrition

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) Dr. C. E. Shives, M.D.

(Address) Philadelphia 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.