

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.

REC'D MAY 10 1938

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

Do not use this space.

69

1. PLACE OF DEATH

County Monroe
Township Jackson
City Jackson (No. 2)

Registration District No. 552
Primary Registration District No. 5779

15330

File No. _____
Registered No. 18 St. _____ Ward _____

2. FULL NAME

Mary Virginia 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1938

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

22. HEREBY CERTIFY, That I attended deceased from April 14, 1938 to April 18, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/11/1864

Last saw her alive on April 18, 1938 Death is said to have occurred on the date stated above, at 8:30 p. m.

7. AGE YEARS 73 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Cerebral Embolism Date of onset 4/14/38
Embolism
82 B

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 _____

Other contributory causes of importance: arterio-sclerosis H. K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo

13. NAME Wm. Hovek

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

15. MAIDEN NAME Susan Wright

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

17. INFORMANT Mrs. Wm. Hovek (ADDRESS) Holladay, Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holladay DATE Apr 20, 1938

19. UNDERTAKER Frank Thompson (ADDRESS) Madison, Mo

20. FILED Apr. 19, 1938 H. C. Payne Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

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) Geo. W. Reynolds M. D. Frank

514 (Address) _____

