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 13 1938

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

Do not use this space.

15334

1. PLACE OF DEATH
County Monroe
Township Marion
City ..... (No. ..... 5776 B ..... St. ..... Ward)
Registration District No. .....
Primary Registration District No. 579
File No. .....
Registered No. .....

2. FULL NAME Ann Smith Ann 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 Female
4. COLOR OR RACE White
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) widowed
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF James Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/24/1857
7. AGE YEARS 81 MONTHS 3 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

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) Monroe Co. Mo 0

FATHER
13. NAME Wm Capp 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va 0

MOTHER
15. MAIDEN NAME Margaret Capp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Ole Smith Madison Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Madison DATE 4/28 1938
19. UNDERTAKER (ADDRESS) Irwin Thompson Madison Mo
20. FILED 4/27 1938 Mrs. Irwin Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1936 to April 1938
I last saw her alive on April 10, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Date of onset
131
Other contributory causes of importance:
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 [redacted]
(Signed) [redacted] , M. D.
(Address) [redacted]