

REC'D MAY 25 1938

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

Do not use this space.

16090

1. PLACE OF DEATH  
County Tennison Registration District No. 870  
Township Blue Mountain Primary Registration District No. 6120  
City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

108 2. FULL NAME Mary Clara 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 20 - 1938</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James T. Smith</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 18, 1937</u> to <u>Apr 20, 1938</u> I last saw <u>her</u> alive on <u>Apr 24, 1938</u> Death is said to have occurred on the date stated above, at <u>11 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Labia</u> <u>Ulcers of vulva</u> <u>Insur.</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 21 - 1867</u>			Date of onset	
7. AGE	YEARS <u>70</u>	MONTHS <u>4</u>	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		11. Total time (years) spent in this occupation _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance: <u>NO</u>	
10. Date deceased last worked at this occupation (month and year) _____			Name of operation _____ Date of _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
MOTHER	13. NAME <u>Wm C. Fenner</u>		23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hillsborough Ohio</u>		Where did injury occur? _____ (Specify city or town, county, and State)	
	15. MAIDEN NAME <u>Anna Martin</u>		Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			Manner of injury _____ Nature of injury _____	
17. INFORMANT <u>Clara Smith</u> (ADDRESS) <u>Walter 220</u>			24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>W. Davis</u> , M. D. (Address) <u>Walter 220</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hanover Country</u> DATE <u>Apr 26 1938</u>			790	
19. UNDERTAKER <u>W. Wagoner</u> (ADDRESS) <u>Hanover 220</u>			Registrar	
20. FILED <u>4/25 1938</u> <u>C. B. Davis</u>				

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

