

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

25704
 Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH
 (a) County Johnson Registration District No. 431
 (b) Township _____ Primary Registration District No. 3023 Registered No. 73
 (c) City Warrensburg (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha Jane Smith 530
 (a) Residence, No. 325 West Culton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2 1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>88</u>	<u>7</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 12 1938

22. I HEREBY CERTIFY, That I attended deceased from 4 - 10 - 1938, to July 12 - 1938
 I last saw her alive on July 11, 1938. Death is said to have occurred on the date stated above, at 6 P.m.
 The principal cause of death and related causes of importance were as follows:

Bright Disease
131

Date of onset
?
gm-

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? found Was there an autopsy? _____

17. INFORMANT John Thomas
 (ADDRESS) Warraensburg

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Adams Cemetery DATE July 14 1938

19. FUNERAL DIRECTOR (NAME) Sweeney Phillips
 (ADDRESS) Warrensburg, Mo

20. FILED July 14, 1938 Eva Gentry
 Local Registrar. 391

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 _____
 (Signed) R. F. McKim, M. D.
Warrensburg, Mo

N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Earl Priest, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Earl Priest

Licensed Embalmer No. 3878

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure, to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.