

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

Do not use this space.

REC'D AUG 26 1938

26138

**1. PLACE OF DEATH**

County Peru  
Township Little River  
City Wardell Mo

Registration District No. 1099  
Primary Registration District No. 5868

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Nannie Smith  
(a) Residence, No. Wardell Mo St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

**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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 5 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. #  
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) # Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo

FATHER 13. NAME W. T. Nichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Sarah Jane Saddle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Tenn

17. INFORMANT (ADDRESS) J. D. Burleson Wardell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell Mo DATE 6-24 38

19. UNDERTAKER (ADDRESS) Wardell Mo

20. FILED 8-10 1938 J. R. Cruse Registrar.

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

22. I HEREBY CERTIFY That I attended deceased from June 21 1938 to June 21 1938. I last saw h. alive on June 21 1938. Death is said to have occurred on the date stated above, at 11 P. M.

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

Asthmatic Attacks  
Barley Heart

Date of onset

Other contributory causes of importance: 11

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.....

(Signed) J. C. Robb, M. D.

(Address) Wardell Mo

576 (Address)

Exact Statement of OCCUPATION is very important.

