

SEPT OCT 18 1938

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

32597
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
(b) Township Aurora Primary Registration District No. 4280 Registered No. 51
(c) City Aurora (d) Street No. 202 West Myrtle 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 Mary Elizabeth Smith

(a) Residence, No. 202 W. Myrtle 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 3
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

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

FATHER 13. NAME Gouge

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

MOTHER 15. MAIDEN NAME Nancy Jones

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

17. INFORMANT (ADDRESS) Mrs Mark Williams
Marionville

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Sept, 6 19 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. King
Aurora Mo.

20. FILED Oct 3 88 P.O. Causey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 4 19 38

22. I HEREBY CERTIFY, That I attended deceased from May 27 to Sept 4, 1938
I last saw him alive on Sept 4, 1938. Death is said to have occurred on the date stated above, at 4.15 P.M.
The principal cause of death and related causes of importance were as follows:

Uremia
Chronic Myocarditis
Date of onset 1936
Other contributory causes of importance:
Chronic Nephritis 1937

Name of operation None Date of None
What test confirmed diagnosis Clinical 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) Dr. Kenneth F. Kelley M. D.
W. E. Forrest (Address) Aurora, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-285

Date Filed 10/6/38

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,

Herman Surridge

, or by

Registered Apprentice No. working under my personal supervision.

Signed

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Laurence Registration District No. 467
(b) Township..... Primary Registration District No. 4280 Registered No.....
(c) City Aurora (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

Mary Elizabeth Smith
(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

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

19... to 19...
I last saw h..... alive on....., 19... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 3

to have occurred on the date stated above, at..... m.

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

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME

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

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

MOTHER 15. MAIDEN NAME

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

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.

17. INFORMANT (ADDRESS)

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

19. FUNERAL DIRECTOR (ADDRESS)

(Signed) Kenneth K. Kelley, M. D.

20. FILED Oct 3, 1938 R D Cowan, M.D.
Local Registrar.

(Address) 16 E Rosent St.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. EXACT STATEMENT IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

S-32597