

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

Do not use this space.

1. PLACE OF DEATH

County Hentry

Registration District No. 309

Township Albany

Primary Registration District No. 4185-

City Albany

(No.)

File No. 35053

Registered No. 49

St. Ward

2. FULL NAME

Nannie Elizabeth Smith

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>John</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 23, 1861</u>		
7. AGE <u>76</u>	YEARS <u>10</u>	MONTHS <u>13</u>
		DAYS <u>13</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>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) Andrew, Mo
(STATE OR COUNTRY)

13. NAME John A. Howell

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

15. MAIDEN NAME Elizabeth Piper

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

17. INFORMANT Wilfred Smith
(ADDRESS) Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anderson DATE 10-7-38

19. UNDERTAKER Yaph - Bere Funeral Home
(ADDRESS) Albany Mo.

20. FILED Oct. 7, 1938 W. E. Smathers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Oct 5, 1938
I last saw h. p. alive on Sep 13, 1938. Death is said to have occurred on the date stated above, at 10:45 p.m.

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

Carcinoma of
Thyroid Gland 1937

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) J. N. Barger, M. D.

(Address) Albany Mo.

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.

