REC'D NOV 10 1938

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

35979
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Joplin
(d) Street No. St. Johns Hospital - Joplin 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 411
Primary Registration District No. 2002 Registered No.

2. PRINT FULL NAME Amanda M. Smith
(a) Residence, No. 2002 Pearl St. Joplin St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

530

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alva J. Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-26-1865
7. AGE: YEARS 73 MONTHS 5 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Retired
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): Tipton, Indiana

FATHER
13. NAME: Alexander Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

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

17. INFORMANT (ADDRESS): Miss Ruth Mitchell, 2004 Pearl St. Hospital Records
18. ~~[illegible]~~ ~~OR REMOVAL~~
PLACE Galesburg Kansas DATE 10-19 1938
19. FUNERAL DIRECTOR (ADDRESS): Wilson Funeral Home Thayer Kansas
20. FILED 10-26 1938 Ed D James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 17, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to October 17, 1938
I last saw her alive on October 17, 1938. Death is said to have occurred on the date stated above, at 6:31 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis middle meningeal branch — Date of onset

Other contributory causes of importance:
1. Arterio sclerosis generalized
2. Hemiplegia
3. Inanition

Name of operation: None Date of
What test confirmed diagnosis? Physical findings 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) W. W. Hurst, M. D.
(Address) 607 Main St. Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 6-38-534
Date Filed NOV 7 1938

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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