

DEC 8 1938

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

Do not use this space.

33885

1. PLACE OF DEATH

County New Madrid 2
Township Combs
City 530 (No. Edna Margene Smith)

Registration District No. 605
Primary Registration District No. 959

File No. 33885
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Edna Margene 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 5 22

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

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

13. NAME Henry Smith

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

15. MAIDEN NAME Lena Harper

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

17. INFORMANT Henry Smith (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 11-29 1938

19. UNDERTAKER none (ADDRESS)

20. FILED 11/28 1938 Dr. Gertrude Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1938 to _____, 1938

I last saw h. alive Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
died 9:00 P.M.

Poss. pneumonia Date of onset

N.M.O.

Other contributory causes of importance: 10 a

Name of operation Proctory Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Mo

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

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) Dr. Gertrude 1, M. D.
534 (Address) Parma, 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.

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