

DEC 5

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

Do not use this space.

39921

## 1. PLACE OF DEATH

County Newton Registration District No. 411  
Township Wayton Primary Registration District No. 5415  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## 2. FULL NAME

Temple Price 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

## MEDICAL CERTIFICATE OF DEATH

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 Taylor A. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 - 1862

7. AGE YEARS 76 MONTHS 8 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Arkansas13. NAME Southerland Mayfield14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas15. MAIDEN NAME Mary E. Hart16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Lillie Pearl Macy (ADDRESS) Seneca Mo. R 2118. BURIAL, CREMATION, OR REMOVAL PLACE Southwest Cemetery DATE 11-14 193819. UNDERTAKER W. B. Dunder (ADDRESS) Seneca Mo.20. FILED Nov 14 1938 Merle Spahr Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 193822. I HEREBY CERTIFY, That I attended deceased from Nov 12 1938, to Nov 12 1938I last saw her alive on Nov 12 1938 Death is saidto have occurred on the date stated above, at 9-10 PM

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

Myocarditis  
Chronic

Other contributory causes of importance: None

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 \_\_\_\_\_, 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) T. B. Dunder, M. D.(Address) Seneca Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

