

2025 MAR 20 1939

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

7078  
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496  
(b) Township Brookfield Mo Primary Registration District No. 3025  
(c) City Brookfield Mo (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

530 Cora Elizabeth Smith  
(a) Residence, No. 301 N John 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write this word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 2 21

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H W  
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

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

FATHER  
13. NAME James W. McHugh

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

MOTHER  
15. MAIDEN NAME Rebecca Jane Miller

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

17. INFORMANT (ADDRESS) Mrs. Harold Finney Burden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burden Mo DATE Feb 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James Burden Brookfield Mo

20. FILED Mail 1939 Brookfield Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1939

22. I HEREBY CERTIFY, That I attended deceased from 1937, 19  , to 2-26, 1939

I last saw her alive on 2-25, 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Cancer of uterus Date of onset 1937

Other contributory causes of importance: H S

Name of operation none Date of \_\_\_\_\_

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 W. B. Simpson, M.D.

(Signed) W. B. Simpson (Address) Brookfield 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-329

Date Filed MAR 3 1939

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, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Harvey A. Rowden

Licensed Embalmer No. 3295

P. O. Address Brookfield 9

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

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