WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

X7294

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

Do not use this space.

MO APR 11 1939

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 10084
Township Washington — Primary Registration District No. 1001 — Registered No. 233
City St. Joseph, Missouri (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Mary Ann Smith
(a) Residence, No. 2303 Mitchell Ave. 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single New born.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1939.
7. AGE: Years Newborn; Months; Days; If LESS than 1 day, 9 hrs. or 5 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) St. Joseph, Missouri C. Missouri

FATHER
13. NAME Harry Earl Smith.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Missouri Missouri

MOTHER
15. MAIDEN NAME Mae Sinclair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hiawathia Kansas Kansas

17. INFORMANT Harry Earl Smith Mo.
(ADDRESS) 2303 Mitchell Ave. St. Joseph,
18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cemt
PLACE St. Joseph, Mo. DATE Mar. 11, 1939
19. UNDERTAKER H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.
20. FILED Mar 10, 1939 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mch 9, 1939, to Mch 9, 1939
I last saw her alive on Mch 9, 1939. Death is said to have occurred on the date stated above, at 12.15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	3/9/39

Other contributory causes of importance: 154

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) A R Tennyson, M. D.
(Address) 3007 1/2 King Hill St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I _____ Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of th

Certificate was embalmed by _____

Apprentice No. _____

or by _____ Robert P. Clarkson.

4028

NOTE: The above must be signed [illegible]

(Failure [illegible])