

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

Do not use this space.

REC'D APR 21 1939

**1. PLACE OF DEATH**

91 County Pike Registration District No. 750 File No. 12071  
 Township Whitley Primary Registration District No. 6246 Registered No. 1586  
 City Danforth (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Jennell Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 28 - 1922</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>9</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year)	

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

13. NAME William Adams

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

15. MAIDEN NAME Grace Keeney

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

17. INFORMANT Wm. Adams  
 (ADDRESS) 421 Danforth Mo.

18. BURIAL CREMATION OR REMOVAL  
 PLACE St. Cloud Cem. DATE 3-24-39

19. UNDERTAKER Black's Mortuary  
 (ADDRESS) Danforth Mo.

20. FILED 3-28-39 Ed. Hunter Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1939

22. I HEREBY CERTIFY That I attended deceased from March 4, 1939 to March 23, 1939  
 I last saw h. or alive on March 21, 1939. Death is said to have occurred on the date stated above, at 3:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Thymicolymphangitis (Date of onset \_\_\_\_\_)

Other contributory causes of importance: Pregnancy (Date of onset \_\_\_\_\_)

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) J. H. Hillman, M. D.  
 (Address) Danforth, 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.

APR 9 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12071  
Registrar's No. 1586

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town.....  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Mary E. Smith

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. m

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day..... hr..... min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town..... (If outside city or town limits write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month Mar. 23 day - 1929  
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death? My micolymphangitis

Due to.....  
Due to Pregnancy  
no abortion or delivery  
Other conditions..... (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. E. Williams (M. D. or other)  
Address..... Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

