

REC'D MAY 22 1939

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

15401
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 488511
 (b) Township Bucklin Primary Registration District No. 4821 Registered No. 8
 (c) City..... (d) Street No..... St.
 (e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 530 Katie Laura Smith
 (a) Residence, No..... St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28. 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>1</u>	<u>9</u>	

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

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) Drawing, Mo

FATHER
 13. NAME William J. Steele
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo

MOTHER
 15. MAIDEN NAME Phoebe Myers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martin Co. Ohio

17. INFORMANT (ADDRESS) James W. Smith
Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE Apr. 9, 1939

19. FUNERAL DIRECTOR (ADDRESS) Person Funeral Home
Bucklin Mo

20. FILED 4-9 1939 J. L. Cantwell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7. 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1935, to 4/7, 1939.
 I last saw her alive on 3/2, 1939. Death is said to have occurred on the date stated above, at 10:08 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast Date of onset 50

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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? Yes
 If so, specify..... (Signed) W. L. Spear M. D.
Bucklin 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 10-39-847

Date Filed MAY 15 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.....

Licensed Embalmer No. 4037

P. O. Address Bushlin

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.