

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.

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

Do not use this space.

JUN 20 1939

1. PLACE OF DEATH

County Pitts
Township Smithton
City Smithton (No. 1)

Registration District No. 669
Primary Registration District No. 4401

File No. 19477
Registered No. 10

2. FULL NAME

(a) Residence, No. Miss Mollie Surin St. Smithton Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 4 1864</u>		
7. AGE <u>75</u>	YEARS <u>3</u>	MONTHS <u>18</u>
		DAYS <u>18</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 <u>0</u>
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Stover</u> <u>Morgan Co. Mo</u>
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FATHER	13. NAME	<u>Joseph H. Surin</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>

MOTHER	15. MAIDEN NAME	<u>Julia Hirock Soel</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Austria Hungary</u>

17. INFORMANT (ADDRESS)	<u>Mrs Fizzie Baker</u> <u>Smithton Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL	
PLACE	<u>Smithton Mo</u>
DATE	<u>5-23-1939</u>

19. UNDERTAKER (ADDRESS)	<u>A. F. Manney</u> <u>Smithton Mo</u>
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20. FILED	<u>5-23-1939</u>	<u>Mrs J. S. Thomas</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>5-27</u> , 19 <u>39</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 15</u> 19 <u>38</u> to <u>May 27</u> 19 <u>39</u>	
I last saw him alive on <u>May 27</u> , 19 <u>39</u> Death is said to have occurred on the date stated above <u>3:30</u> a.m.	
The principal cause of death and related causes of importance were as follows:	
	<u>Pulmonary tuberculosis</u>
Other contributory causes of importance:	<u>20</u>
Date of onset	

Name of operation	<u>Appendectomy</u>	Date of	<u>7-10</u>
What test confirmed diagnosis?	<u>Lab</u>	Was there an autopsy?	<u>No</u>
23. If death was due to external causes (violence), fill in also the following:			
accident, suicide, or homicide?		Date of injury	<u>19</u>
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?	<u>No</u>
If so, specify	<u>Blotchy</u>
(Signed)	<u>Blotchy</u> , M. D.
(Address)	<u>Smithton Mo</u>

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed *6/12/39*