

1 X16800  
AUG 10 1939

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

25147  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township Poplar Bluff Primary Registration District No. 3007  
 (c) City Poplar Bluff, Mo. (d) Street No. Poplar Bluff Hospital Registered No. 184  
 (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 Greta Gertrude Smith  
 (a) Residence, No. 305 Valley Poplar Bluff, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 10 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
 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) Poplar Bluff, Mo.

FATHER 13. NAME Vall Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff Missouri

MOTHER 15. MAIDEN NAME Gertrude Kines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson, Missouri

17. INFORMANT Vall Smith  
 (ADDRESS) 305 Valley, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mole Hill DATE July 20, 1939

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service  
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 7/20 39 Chittinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1939, to July 18, 1939  
 I last saw her alive on July 18, 1939. Death is said to have occurred on the date stated above, at 6:20p. m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia  
Dec. colitis  
 Date of onset June 15  
July 10

Other contributory causes of importance:

Name of operation Date of  
 What test confirmed diagnosis blood 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  
 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) T. Brooker M. D.  
 (Address) Poplar Bluff, 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.

---

---

**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.....

*Grover W. Green*

Licensed Embalmer No. *2964*

P. O. Address *Poplar Bluff*

**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.**