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.

REC'D AUG 19 1939

1. PLACE OF DEATH
County Franklin
Township Boles
City ..... (No. ..... , ... St. ..... Ward)

Registration District No. 2935
Primary Registration District No. 4177

File No. 25557
Registered No. .....

2. FULL NAME 530 ----ANNA AUGUSTA SMITH--

(a) Residence, No. RFD Pacific, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William H. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 18, 1863

7. AGE: YEARS 75 | MONTHS 11 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): Aug, 1939
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rolla, Mo. 0

FATHER
13. NAME: R. M. Peck 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Vir. 1

MOTHER
15. MAIDEN NAME: Martha Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific, mo. DATE 8/9/39, 19

19. UNDERTAKER (ADDRESS): John L. Thiebes, Pacific, Mo.

20. FILED 8-10, 1939 Mary B. Gross, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/7/39, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1939, to Aug 7, 1939
I last saw her alive on Aug 7, 1939. Death is said to have occurred on the date stated above, at 8:45 AM
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

93 C

Other contributory causes of importance:

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

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) W. H. Hemker, M. D.
(Address) Pacific, Mo.