

390 AUG 19 1939

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

26931  
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 794  
(b) Township \_\_\_\_\_ Primary Registration District No. 1476  
(c) City Gilliam (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sophrena Elizabeth Smith

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)

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 Widowed husband Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12-1864

7. AGE YEARS 75 MONTHS 4 DAYS 26 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
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) Davis Co., Mo.

FATHER 13. NAME John Neatherton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co.

MOTHER 15. MAIDEN NAME Mary Jane Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Jess Odell (ADDRESS) Gilliam Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gilliam Mo DATE June, 10, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jones and Salzer Slater Mo.

20. FILED July 9, 1939 J. A. Darden Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 39 '19

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1938 to June 8, 1939  
I last saw h. w. alive on June 8, 1939 Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis  
Chr. myocarditis  
Chr. endocarditis  
Other contributory causes of importance:  
Chr. nephritis | 31 | 4-39

Date of onset  
?  
?  
?

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Lab. + Clin. ing 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? No  
If so, specify \_\_\_\_\_ (Signed) C. A. M. Surney, M. D.  
(Address) Slater, 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.

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RECEIVED  
District Health Officer No. 8,  
District File No. \_\_\_\_\_  
Date Filed 8/9/39

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 \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
Licensed Embalmer No. 8314  
P. O. Address Slater 7

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.