

REC'D SEP 12 1939

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

28601
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 100 Registered No. 831
 (c) City St. Joseph (d) Street No. Mo. Methodist Hospital St. _____
 (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. ds. 0 (f) How long in U.S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Leona A. Smith

(a) Residence, No. Whitesville Mo. St. Whitesville, Mo.
 (Usual place of abode, if no street address, write county or city) (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 Widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1856

7. AGE YEARS 82 MONTHS 7m DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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) Andrew County 0
 (STATE OR COUNTRY) Mo. 9

FATHER 13. NAME Thomas Agee 9
 14. BIRTHPLACE (CITY OR TOWN) Un known 0
 (STATE OR COUNTRY) Un known

MOTHER 15. MAIDEN NAME Rebecca French
 16. BIRTHPLACE (CITY OR TOWN) Andrew County
 (STATE OR COUNTRY) Mo.

17. INFORMANT Byron Smith
 (ADDRESS) 2219 1/2 S 13th St St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Whitesville Mo. DATE Aug. 11 1939

19. FUNERAL DIRECTOR (NAME) E. C. Breit
 (ADDRESS) Savannah Mo.

20. FILED Aug 9 1939 H. J. Nestlebusch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31 1939 to Aug 9 1939
 I last saw her alive on Aug 9 1939. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism Date of onset 8.9.39

Other contributory causes of importance: III R

Name of operation Resection 9th rib Date of 8-7-39
 What test confirmed diagnosis? operator 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) J. H. Beall M. D.
 (Address) St. Joseph 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,

E. C. Breit

or by

Registered Apprentice No., working under my personal supervision.

Signed

~~E. C. Breit~~ E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Mo.

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.