

SEP 1 1939

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

Do not use this space.

29158

1. PLACE OF DEATH

39 County Brunswick Registration District No. 318 File No. _____
Township North Campbell Primary Registration District No. 2001 Registered No. 639
City Springfield (No. 635, W. Atlantic) St. _____ Ward _____

2. FULL NAME

530 Rosa Smith
(a) Residence, No. 635 W. Atlantic Ward. _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME James B Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Mary Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Katharine Appleberry (ADDRESS) 635 W. Atlantic Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Phyn Grove DATE Aug 20 1939

19. UNDERTAKER Joseph F. Firestone (ADDRESS) Phyn Grove

20. FILED 819 1939 Chas. A. Berger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1939 to Aug 19 1939

I last saw him alive on Aug 18 1939. Death is said to have occurred on the date stated above, at 6 p.m.

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

Carcinoma Cervix uteri with metastasis Date of onset 1 year

Other contributory causes of importance: 48
Leptitis
Pyelo-nephritis

Name of operation Pan-hysterectomy Date of Dec 1938
What test confirmed diagnosis Substancy 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) R. H. White, M. D.

(Address) Springfield

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

