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.

FILED FEB

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

Do not use this space.

3457

1. PLACE OF DEATH

County RANDOLPH — Registration District No. 732 — File No. 161

Township MONITEAU — Primary Registration District No. 4437 — Registered No. 732

City Higbee (No. ..... St. ..... Ward)

2. FULL NAME 536 TILLIE ADELINE SMITH

(a) Residence, No. ..... St., ... 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-11-1940

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

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) Higbee MISSOURI 0

FATHER

13. NAME AUSTIN SMITH 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RANDOLPH Co MISSOURI 0

MOTHER

15. MAIDEN NAME DELPHIA ROBB

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD Co MISSOURI

17. INFORMANT (ADDRESS) AUSTIN SMITH Higbee MISSOURI

18. BURIAL, CREMATION, OR REMOVAL
PLACE ROBB CEMETARY DATE JAN 15 1940

19. UNDERTAKER (ADDRESS) SNOW FUNERAL HOME MOBERLY MO.

20. FILED Jan 15 1940 J. W. Winn Registrar. RL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1940, to Jan 14 1940
I last saw her alive on Jan 14 1940. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Purpura Neonatorum	1-13-40

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) W. V. Durden DO
(Address) 666

RECEIVED
District Health Officer No. 10
District File Number 2-40-237
Date Filed FEB 3 1940