

FILED NOV 15 1940

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

Do not use this space.

34984

1. PLACE OF DEATH

County

Cope

Registration District No.

124

Township

Cope Gooden

Primary Registration District No.

3009

City

Cope Gooden

(No.)

St. Francis Hospital

File No.

Registered No.

349

St.

Ward)

2. FULL NAME

(a) Residence, No.

Anna Smith

St.

Ward.

New modern md

(Usual place of abode)

(If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	col.	married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
Johnny Smith		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
Aug 16 - 1904		
7. AGE	YEARS	MONTHS
	36	2
		DAYS
		2
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	Haver Work - cook	
	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)		
Miss		
FATHER	13. NAME	
	unk	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	unk	
15. MAIDEN NAME		
unk		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
unk		
17. INFORMANT (ADDRESS)		
Johnny Smith new modern md		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
Corn - miss	oct 21	1940
19. UNDERTAKER (ADDRESS)		
Richards & Co. new modern md		
20. FILED 10-18-1940		
Jim. Thompson Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	10/18	1940
22. I HEREBY CERTIFY, That I attended deceased from		
10/18, 1940, to 10/18, 1940		
I last saw him alive on 10/18, 1940. Death is said to have occurred on the date stated above, at 5:00 P. M.		
The principal cause of death and related causes of importance were as follows:		
Integral obstruction		
Other contributory causes of importance:		
Name of operation		
NONE		
Date of		
What test confirmed diagnosis?		
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		
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) A. Smith M. D.		
(Address) Cope Gooden		

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 importa

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34984**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **172**

Primary Registration District No. **3009**

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Smith**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **36** Months **2** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **18**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction** Duration _____

Due to **so not known**

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

172/12

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **A. B. Smith** (M. D. or other) _____
Address _____ Date signed _____

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