

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

Do not use this space.

FEB 19 1937

45909

1. PLACE OF DEATH

County Ray
Township Orrick
City Orrick (No. _____)

Registration District No. 743
Primary Registration District No. 4445

File No. _____
Registered No. 83 (St. _____ Ward _____)

2. FULL NAME Mary E. Smith

(a) Residence, No. _____ St. _____ Ward. _____
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/2/1949

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Ray Co Mo

MOTHER FATHER
13. NAME Geo Mitchell

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

15. MAIDEN NAME Minerva Tucker

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

17. INFORMANT Geo Mitchell (ADDRESS) Camden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Point DATE 12-26 1936

19. UNDERTAKER C. V. Gibson (ADDRESS) Orrick, Mo.

20. FILED 2/10 1937 C. V. Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1936, to Dec 24 1936

I last saw him alive on Dec 24 1936. Death is said to have occurred on the date stated above, at 11 P. m.

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

Labour Consumption
Left Lung

Other contributory causes of importance:

Dehydration

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? _____

If so, specify _____

(Signed) Robt. Sheetz M. D.

(Address) Orrick 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.

