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 important.

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

SEP 11 1934

Do not use this space.

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No. 28745

Township — Primary Registration District No. 3014 — Registered No. 260

City Jefferson City (No. ...., ... St. .... Ward)

2. FULL NAME Ethel Margaret Smith

(a) Residence, No. Bonnett Mill, Mo. 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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: 0

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-29-33

7. AGE: YEARS 1 — MONTHS 2 — DAYS 17 — If LESS than 1 day, ... hrs. or .... min.

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. Child
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Theter Smith
14. BIRTHPLACE (CITY OR TOWN) Bonnets Mill (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Ethel Wilson
16. BIRTHPLACE (CITY OR TOWN) Woshill (STATE OR COUNTRY) Mo.

17. INFORMANT Theter Smith (ADDRESS) Bonnet Mills Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Smith's Cemetery DATE 8-16 1934

19. UNDERTAKER Morlow (ADDRESS) Linn Mo.

20. FILED 9/5/ 1934 W. Bezoyd M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1934 to Aug 16th 1934

I last saw her alive on Aug 16 1934 Death is said to have occurred on the date stated above, at 10 A m.

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

Lobar pneumonia

Other contributory causes of importance: Rachitis

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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) J. C. Cooper, M. D.

(Address) Linn Mo.