

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

Do not use this space.

15684

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Cause of death or coronary supplied. Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY.

APR 28 1927

1. PLACE OF DEATH

County Jasper Registration District No. 477
 Township Caylar Primary Registration District No. 5641
 City Carleton (No.) St. Ward)

File No.
 Registered No. 19

2. FULL NAME

Mary Martha 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2-1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	1		1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

186
191
81

9. BIRTHPLACE (CITY OR TOWN) Maple
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Enoch Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
 (STATE OR COUNTRY)

14. INFORMANT Enoch Smith
 (Address) Carleton Mo

15. FILED 5-4-27 H. W. Harris
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3- 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1927, to May 3, 1927, that I last saw her alive on May 3, 1927, and that death occurred, on the date stated above, at Carleton, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis
due to a fall

CONTRIBUTORY (SECONDARY) Paralysis of Right Side of body
 (duration) yrs. mos. ds.

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Walter Harris, M. D.

, 19 (Address) Carleton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Carleton Mo DATE OF BURIAL May 5-1927

20. UNDERTAKER W. S. Kelly ADDRESS Carleton Mo

