SEP 26 1927

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 10C

City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

File No. 23682

Registered No. 846

2. FULL NAME Clara Nell Smith

(a) Residence. No. St., Ward. Tingley, Iowa.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arthur W. Smith

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23. 1881.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Household
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Woodland, (STATE OR COUNTRY) Iowa.

PARENTS
10. NAME OF FATHER John L Lockwood.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Vermont
12. MAIDEN NAME OF MOTHER Lottie Lentz.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Decatur Co, (STATE OR COUNTRY) Iowa.

14. INFORMANT Arthur W. Smith (Address) Tingley, Iowa.

15. FILED AUG 23 1927, 19 — John G. Ott, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August. 23. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1927, to Aug. 23, 1927, that I last saw h. alive on Aug 22, 1927, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Myocarditis and Right and left pyelitis.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Ulcerative Cystitis
Complete Prolapse of Uterus - Left inguinal hernia (duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Tingley, Iowa
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Aug 2-1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Surgical Examination & Clinical Treatment
(Signed) Cyril E. Pike, M. D.
Aug. 23, 1927 (Address) 731 Faraon St. St. Joseph, 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: Tingley, Iowa. — DATE OF BURIAL: Aug. 24. 1927.

20. UNDERTAKER: H. O. Siebenfaden — ADDRESS: 1802 Union Str

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.