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.

SEP 28 1927

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

Do not use this space. 24717

File No. Osborne.
Registered No.

1. PLACE OF DEATH

County Johnson. Registration District No. 431
Township Centerview. Primary Registration District No. 5589
City ~~Centerview.~~ (No. ..... St. ..... Ward)

2. FULL NAME Iva Jane 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 46 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	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John T. Smith.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 27. 1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	11	17	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Van Buren Co. Iowa.

PARENTS

10. NAME OF FATHER Geo. Brown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Lois Kyle.
(Address) Kansas City Mo.

15. FILED 8/22. 1927 Wm R Robinson
REGISTRAR

/

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 21. 1927 49

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to Aug. 21, 1927, that I last saw h. liv. alive on Aug. 21, 1927, and that death occurred, on the date stated above, at 3:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Old age and general debility

162 164

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis
(Signed) George Osborne, M. D
8-22—, 1927 (Address) Centerview 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 Centerview Cemetery. DATE OF BURIAL Aug. 22 1927

20. UNDERTAKER R Q. Phillips. ADDRESS Warrensburg. Mo.