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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

Do not use this space. 7028

1. PLACE OF DEATH
County Knox — Registration District No. 441 — File No. 326
Township Center — Primary Registration District No. 4259 — Registered No.
City Edina (No. ..... St. ..... Ward)

2. FULL NAME Venethe May 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 F.
4. COLOR OR RACE Negro Color
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jan-21-1928

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	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

9. BIRTHPLACE (CITY OR TOWN) Edina Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Benjamin Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newark
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Edith Good
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lafelle
(STATE OR COUNTRY) Mo.

14. INFORMANT Ben Smith
(Address) Edina Mo

15. FILED 3/1 1929 Geo S Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/22, 1929, to 2/23, 1929 that I last saw her alive on 2/22, 1929, and that death occurred, on the date stated above, at 1.00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Frederick L. Schmitt D.O., M.D.
2/24, 1929 (Address) Edina, 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 Linville Cemetery
DATE OF BURIAL 2/24 1929

20. UNDERTAKER J. W. Hudson
ADDRESS Edina, Mo