

SEP 24 1929

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

Do not use this space.

Dr. Russell
27318

1. PLACE OF DEATH
 County *Cooper* Registration District No. *218*
 Township *Boonville* Primary Registration District No. *3015*
 City *Boonville* (No.) St. Ward

2. FULL NAME *Mrs Lucie 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.

K. 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.

4375

235

2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 21-1844*

7. AGE	YEARS	MONTHS	DAY	IT LESS than 1 day, hrs. or min.
	<i>84</i>	<i>9</i>	<i>13</i>	

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

9. BIRTHPLACE (CITY OR TOWN) *Virginia*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Furute Marshall*

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

12. MAIDEN NAME OF MOTHER *Judith Gardner.*

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

14. INFORMANT *Mrs. E. H. Mueller.*
 (Address) *Boonville MO*

15. FILED *Aug 5 1929* *H. W. H. H. H.*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug. 3, 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Aug. 1, 1929* to *July Aug 3, 1929* that I last saw her alive on *Aug 3, 1929* and that death occurred, on the date stated above, at *4 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis.

1060 (duration) yrs. mos. *5* ds.

CONTRIBUTORY (SECONDARY) *1900* (duration) yrs. mos. 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 *Clinical*
 (Signed) *J. A. Russell*, M. D.
 , 19 (Address) *Boonville 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 *Pilot Grove MO* DATE OF BURIAL *Aug 5 1929*

20. UNDERTAKER *Goodman & Pollock* ADDRESS *Boonville MO*

4410

