

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

Do not use this space.

31994

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 3 Township Springfield Primary Registration District No. 2091
 5 City Springfield (No. Burg Hospital) Registered No. 718
 2. FULL NAME Viccie P. Smith St. St. # Ward. 3
 (a) Residence, No. Stratford Mo. St. St. # Ward. (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Smith
A. J. Smith
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 0 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 235
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation. -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

FATHER
 13. NAME W. D. Pickell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn. 2

MOTHER
 15. MAIDEN NAME Mary J. Ellis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Arthur J. Smith
Stratford Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cem. DATE Oct. 17 1932

19. UNDERTAKER (ADDRESS) J. H. Klingner & Co.
Springfield Mo.

20. FILED 10-17-1932 Ralph W. Angala
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1932 to Oct 15 1932
 I last saw her alive on Oct. 15 1932. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:

Apuruleocytic Angina
115A
115U
 Other contributory causes of importance:
None found
 Date of onset 8/17-32

Name of operation none Date of no
 What test confirmed diagnosis? Wheatley Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Lester P. Webb M. D.
 (Address) Springfield Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1932

