

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

Do not use this space.

34600

1. PLACE OF DEATH

114 County Wright
Township Wm. Brown
City..... (No.....)

Registration District No. 908
Primary Registration District No. 6222

File No.....
Registered No. 36
St..... Ward.....

2. FULL NAME

Lora Eileen Smart

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
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) Wm. Brown Mo.

FATHER
13. NAME Albert A. Smart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm. Brown Mo.

MOTHER
15. MAIDEN NAME Bessie Carroll

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm. Brown Mo.

17. INFORMANT (ADDRESS) Albert A. Smart

18. BURIAL, CREMATION, OR REMOVAL PLACE burial DATE Oct 5 1932

19. UNDERTAKER (ADDRESS) Wm. Brown

20. FILED 10/15 1932 J. W. Hubbard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1932, to Oct 4 1932

I last saw him alive on Sept 2 1932. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Cyphoid fever

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) R. A. Ryan, M. D.

(Address) Wm. Brown

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.

NOV 29 1932

