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

Do not use this space.

42127

File No. 11253
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis (No. 2601, So. 3rd St. ..... Ward)

2. FULL NAME May V. Smith

(a) Residence, No. 2601 So. 3rd St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1-1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Irondale
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Johnson Lewis

14. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Mary Hale

16. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Missouri

17. INFORMANT A. J. Smith
(ADDRESS) 2601 So. 3rd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonne Terre, Mo. DATE December 20/32

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 1631 Missouri Ave

20. FILED DEC 19 1932 Ray C. Stanley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1932 to Dec. 17, 1932
I last saw her alive on Dec 17, 1932 Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1928
48	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Section 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?
If so, specify

(Signed) William Brazon, M. D.
(Address) 212 Sidney.

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.