

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township Prospect Hill Primary Registration District No. 6030
 City St. Ferdinand (No. Prospect Hill) St. _____ Ward _____

File No. 17628
 Registered No. _____

2. FULL NAME Euralie Smith

(a) Residence, No. Prospect Hill St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred Unknown 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 Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIFE OF (OR) WIFE OF Alex Smith		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 4th, 1899		
7. AGE YEARS 34	MONTHS 1	DAYS 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
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) 5/12/33		11. Total time (years) spent in this occupation Unk
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Starksville Mississippi		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Starksville Mississippi		
15. MAIDEN NAME Millie Peoples		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Starksville Mississippi		
17. INFORMANT (ADDRESS) Alex Smith Prospect Hill, Missouri		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May, 23, 1933		
19. UNDERTAKER (ADDRESS) Charles G. Bates 4107 Finney Avenue		
20. FILED May 23, 1933 Emmanuel Harris Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 18th, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **May 13th, 1933**, to **May 18th, 1933**
 I last saw her alive on **May 18th, 1933** Death is said to have occurred on the date stated above, at **6:30 P. M.**
 The principal cause of death and related causes of importance were as follows:
108
Lobar Pneumonia
 Date of onset **5 days**
 Other contributory causes of importance: **108**

Name of operation **None** Date of _____
 What test confirmed diagnosis **Micro** 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) **J. Thomas**, M. D.
 (Address) **8259 W. Jefferson**

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.

JUN 23 1933

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