

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

Do not use this space.

**MAR 24 1934**

**1. PLACE OF DEATH**

7 County Bates Registration District No. 50  
 3 Township Rich Hill Primary Registration District No. 3004  
 4 City Rich Hill St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 3874  
 Registered No. 12

**2. FULL NAME**

Jarveth 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1913-1-7

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>20</u>	<u>6</u>	<u>2</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home work  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Rich Hill Mo

10. NAME OF FATHER Wright Smith

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

12. MAIDEN NAME OF MOTHER Anna Bolser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Bud Vodry  
 (Address) Rich Hill Mo

15. FILED Feb 11, 1934 Mrs. C. F. Oulson, Deputy  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1934

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1934 to Feb 9, 1934 that I last saw her alive on Feb 9, 1934, and that death occurred, on the date stated above, at 10:15 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Appendicitis with Streptococcal Peritonitis

18. WHERE WAS DISEASE CONTACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 CONTRIBUTORY (SECONDARY) 12:10 (duration) yrs. mos. ds. 12:10

**18. WHERE WAS DISEASE CONTACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 8 1934

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Reginald Smith, M. D.

2/10/1934 (Address) Rich Hill, 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**

Greenlawn

**DATE OF BURIAL**

2-11 1934

**20. UNDERTAKER**

Booth Baughman Rich Hill Mo

**ADDRESS**

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.

