

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

MAR 24 1934

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

Do not use this space.

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1. PLACE OF DEATH

County: Buchanan Registration District No. 85
Township: _____ Primary Registration District No. 1001
City: St. Joseph (No. 1017 North 4 street)

File No. 4002
Registered No. 166
St. _____ Ward _____

2. FULL NAME Smelthin Childers

(a) Residence, No. 1017 North 4 street St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 36 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

2. MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M. Childers

22. HEREBY CERTIFY That Smelthin Childers attended deceased from Feb 10 1934 to Feb 10 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7, 1869

I last saw her alive on Feb 10 1934 Death is said to have occurred on the date stated above, at 5:55 Am.

7. AGE YEARS 64 MONTHS 6 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. At Home
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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Sugar Lake (STATE OR COUNTRY) Missouri

Concussion of base skull, low infection, Primary neck Gall bladder
Date of onset _____

13. NAME Milton Bailey

Name of operation _____ Date of _____

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

What test confirmed diagnosis? X-ray Was there an autopsy? no

15. MAIDEN NAME Mary F Anders

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Robt. M. Childers (ADDRESS) 1017 North 4 st St. Joseph Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cent PLACE St. Joseph, MO. DATE Febr. 12, 1934

Nature of injury _____

19. UNDERTAKER H.O. Schimpfen (ADDRESS) 1802 Union st St. Joseph Mo.

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 2-12-34 John R. Bender Registrar.

If so, specify _____ (Signed) J. H. Allaman M. D. (Address) St. Joseph, MO.

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Artistic

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