

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FEB 1 5 1934

1. PLACE OF DEATH

County Chilton
Township Streat
City Cameron (No.)

Registration District No. 204
Primary Registration District No. 3013

File No. 19880
Registered No. 28
St. Ward)

2. FULL NAME

Elean E. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph L. Nelson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1857

7. AGE YEARS 83 MONTHS 1 DAYS 23 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Mo

13. NAME Joseph L. Nelson

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

15. MAIDEN NAME Sally Cowland

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

17. INFORMANT (ADDRESS) W. C. Goll
Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sackard Cem DATE June 5 1934

19. UNDERTAKER (ADDRESS) W. C. Goll
Cameron Mo

20. FILED 6/5 1934 Registrar W. C. Goll

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10 1934 to June 3 1934
I last saw her alive on June 2 1934 Death is said to have occurred on the date stated above, at 7:45 P. M.
The principal cause of death and related causes of importance were as follows:

877A
Myoplexy
Other contributory causes of importance: W
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) W. C. Goll, M. D.
(Address) Cameron Mo

