

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.

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

Do not use this space.

JAN 13 1936

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4114) Turner

File No. 41622
Registered No. 10866
St. Ward)

2. FULL NAME Nellie Smith

(a) Residence, No. 4114 Turner St. 10 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Wm P. Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2, 1868</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>4</u>
		DAYS
		<u>20</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>St. Louis</u> <u>Mo</u>		
FATHER	13. NAME <u>Martin Flaherty</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Bridget Lydon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Peter Flaherty</u> (ADDRESS) <u>4114 Turner</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Dec 24 1935</u>		
19. UNDERTAKER <u>John P. Collins & Son</u> (ADDRESS) <u>2928 No Grand</u>		
20. FILED <u>DEC 23 1935</u> <u>J. P. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1935, to Dec 22, 1935.
I last saw her alive on Dec 22, 1935 Death is said to have occurred on the date stated above, at 6 AM.
The principal cause of death and related causes of importance were as follows:
Diabetes -
unknown
59
Other contributory causes of importance:
Arteriosclerosis in
corp.

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. F. M. G. Coker M. D.
(Address) 5-143 Maple
St. Louis Mo

