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

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.

FEB 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 274

Township — Primary Registration District No. 1001 — Registered No. 73

City St. Joseph, (No. Sunnyslope Hospital St. Ward)

2. FULL NAME Pansy Marie Smith

(a) Residence, No. 316 East Rosine Str St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 10 mos. 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March. 9. 1923

7. AGE — YEARS: 12 — MONTHS: 10 — DAYS: 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grade School Student
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) Elkhart Iowa

FATHER

13. NAME Ed. P. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

MOTHER

15. MAIDEN NAME Maggie May Erickson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

17. INFORMANT (ADDRESS) Mrs. Maggie M. Owens 316 E. Rosine Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE January 18 1936 Ashland Cemetery

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str. St. Joseph, Mo.

20. FILED 1/8 1936 John R. Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1936 to 1-17, 1936

I last saw her alive on 1-17, 1936 Death is said to have occurred on the date stated above, at 11 AM.

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

Menengitis (Epidemic Type) — Date of onset

Other contributory causes of importance:

18

Name of operation — Date of

What test confirmed diagnosis? Laboratory + Clinical — 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) A. J. Smith, M. D.

(Address) P. & S. Bldg St Joseph Mo