

MAY 21 1936

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

Do not use this space.

15681

1. PLACE OF DEATH

County JasperRegistration District No. 411Township JoplinPrimary Registration District No. 2002City Joplin(No. 1832 Empire)

St. _____

Ward _____

2. FULL NAME Emma Ellen Smith(a) Residence, No. 1832 Empire

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Schuyler Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 18 - 1871</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>
	DAYS <u>10</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>house wife</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>Putman Co. Mo.</u>		
FATHER	13. NAME <u>David Gates</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Bright</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marysville Mo.</u>	
17. INFORMANT (ADDRESS) <u>Fairfax Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairfax</u> DATE <u>4-31-36</u>		
19. UNDERTAKER (ADDRESS) <u>Hessling & Co. Joplin Mo.</u>		
20. FILED <u>4-30-36</u> 19 <u>36</u> <u>Ed. L. James</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 28 . 1936

22. I HEREBY CERTIFY, that I attended deceased from Apr 27 1936 Apr 27 1936
I last saw her alive on Apr 27 1936 Death is said to have occurred on the date stated above, at 12 midnight
The principal cause of death and related causes of importance were as follows:
Neurophage of Proca
Date of onset _____

Other contributory causes of importance: all

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. B. Swells M. D.
(Address) Joplin Mo

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.

Emma K. James

