

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 16 1937

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

Do not use this space.

425

1. PLACE OF DEATH

County Camden  
Township Osgo  
City Linn Creek (No. \_\_\_\_\_)

Registration District No. 117  
Primary Registration District No. 5167

File No. 2  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Linn Creek mo 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 (written the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Picard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 - 1901

7. AGE YEARS 35 MONTHS 5 DAYS 17 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) Sturges (STATE OR COUNTRY) Mo

13. NAME Chas L Smith 31

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

15. MAIDEN NAME Abbie Carter 31

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

17. INFORMANT Gene Smith (ADDRESS) Camden, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rough DATE Jan 13 1937

19. UNDERTAKER Simpson-Woolery (ADDRESS) Camden, mo

20. FILED Feb 10 1937 Lizzie Meller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1937, to Jan 10, 1937

I last saw him alive on Jan 9, 1937 Death is said to have occurred on the date stated above, at 3:15 a.m.

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

Pneumonia, Toxic Date of onset 1-4-37  
Pneumonia, Toxic  
acute Gastric Distention 1-8-37  
1-9-37

Other contributory causes of importance:  
Pneumonia Toxic 1-8-37  
acute Gastric Distention 1-9-37

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? NA  
If so, specify \_\_\_\_\_ M. D.  
(Signed) W. C. ... M. D.  
(Address) Camden, mo

