MAY 31 1937

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

Do not use this space.

File No. 17164
Registered No. 40

1. PLACE OF DEATH
County Lemiscot
Township
City Caruthersville (No. , St. Ward)
Registration District No. 651
Primary Registration District No. 4388

2. FULL NAME Nellie 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 Blue
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Louis Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE About YEARS 50 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) April 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Ky

FATHER
13. NAME William Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Ky

MOTHER
15. MAIDEN NAME Matilda
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Ky

17. INFORMANT (ADDRESS) Rushford Smith Caruthersville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mason City DATE Apr-18, 1937
19. UNDERTAKER (ADDRESS) Wm Hardrick Caruthersville, Mo.
20. FILED April 24, 1937 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-15-, 1937
22. I HEREBY CERTIFY, That I attended deceased from 4-15-, 1937, to 4-15-, 1937
I last saw her alive on 4-15-, 1937. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	4-15-37

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) P. J. Aguirre, M. D.
(Address) Caruthersville, Mo.

Exact statement of OCCUPATION is very important. ... may be properly classified.