

OCT 22 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township West
City Madison R 3 (No. 3)

Registration District No. 1135
Primary Registration District No. 5700A

File No. 34873
Registered No. _____
St. _____ Ward _____

2. FULL NAME Clara M Smart

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 - 1903

7. AGE YEARS 34 MONTHS _____ DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) East Prairie Mo

13. NAME Leucus Hancock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo

15. MAIDEN NAME Mollie McCrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo

17. INFORMANT Ed Smart (ADDRESS) Madison Rte 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Springwood DATE Sept 18 1937

19. UNDERTAKER James Shelby (ADDRESS) East Grove Mo

20. FILED 11-29 1937 Jas. Koehel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10 1937 to Sept 16 1937

I last saw her alive on April 10 1937. Death is said to have occurred on the date stated above, at 7:40 p.m.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis 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) J. H. Prunell, M. D.
(Address) Springwood Mo

MAR 13 1953

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

34873

Do not use this space.

1. PLACE OF BIRTH

(a) County New Madrid Registration District No. 1133
(b) Township West Primary Registration District No. 2799A
(c) City..... (d) Street No..... St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 15-

2. PRINT FULL NAME

Clara M Smart
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Prairie, Mo

FATHER 13. NAME Charles Hance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Mo

MOTHER 15. MAIDEN NAME Mollie Merrill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Mo

17. INFORMANT (ADDRESS) Ed Smart
Mattieus mo R# 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonwood DATE Sept 18, 1937

19. FUNERAL DIRECTOR (ADDRESS) James Shelby
East Prairie, Mo

20. FILED 11-29- 1937 Jas D Rachel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1937 to Sept 16, 1937

I last saw her alive on Sept 13, 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance: none

Name of operation..... Date of.....
What test confirmed diagnosis 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?
If so, specify.....
(Signed) G. W. H. Pressnell, M. D.
(Address) St. Louis, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-34873