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

Do not use this space.

36998

File No.

Registered No. 154

1. PLACE OF DEATH

County Audrain

Township ~~Salt River~~

City Mexico Mo

Registration District No. 26

Primary Registration District No. 3002

(No. 615 W. Whitley, Mexico, Mo. St. Ward)

2. FULL NAME May Fincklin Smith

(a) Residence, No. R. F. D. #6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	4	26	

OCCUPATION

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) Audrain County, Mo.

FATHER

13. NAME John Fincklin

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

MOTHER

15. MAIDEN NAME Martha McCord

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co. Mo.

17. INFORMANT Mrs. James Hinton
(ADDRESS) 615 W. Whitley, Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salt River Church DATE Oct. 13, 1937

19. UNDERTAKER Chas. Arnold Jr.
(ADDRESS) Mexico, Missouri

20. FILED Oct 11 1937 Blanche Keely
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct II-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1937, to Oct II, 1937

I last saw her alive on Oct II, 1937 Death is said to have occurred on the date stated above, at 3:45 p.m.

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

	Date of onset
Acute dilitation of heart	
Fluid in lungs.	

50

Other contributory causes of importance:
Left breast removed I-19-36
Carcinoma of glands of neck
Primary seat in left breast

Name of operation Amputation of Breast I-19-36
What test confirmed diagnosis? Operation 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) Paul E. Coil (Paul E. Coil, M. D.)
(Address) 203 E. Jackson, Mexico, Mo

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.