DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pike
Township Quivre
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 684
Primary Registration District No. 5912

File No. 42169
Registered No. 38

2. FULL NAME Lillie H. 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 7 - 1890

7. AGE: 35 YEARS 06 MONTHS 11 DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

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): Cyrene Mo.

FATHER
13. NAME: Wm Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Bowling Green Mo.

MOTHER
15. MAIDEN NAME: Missouri Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Mo.

17. INFORMANT (ADDRESS): Arthur Smith Bowling Green Mo.

18. BURIAL, CREMATION, OR REMOVAL: Antioch Cemetery DATE Nov. 10 - 1937

19. UNDERTAKER (ADDRESS): Grace Blankhead Bowling Green Mo.

20. FILED 12-10th, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-8-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-1-37, 19..., to 11-8 37, 19...

I last saw her alive on 11-7-37, 19... Death is said to have occurred on the date stated above, at 7 p.m.

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

Cerebal Hemorrhage 11-1-37 — Date of onset

Other contributory causes of importance:

Name of operation none 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? no
If so, specify
(Signed) T. H. Wilcoxon, M. D.
(Address) Bowling Green 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.