

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

2913
Do not use this space.

1. PLACE OF DEATH
 (a) County HOLT MO Registration District No. 372
 (b) Township BLANFORD Primary Registration District No. 4218 Registered No. _____
 (c) City MOUND CITY (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME MRS. VIOLA SMITH, 530
 (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 ALBERT SMITH
 (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-26-1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3- 0'
 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) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1938, to Jan 26, 1938
 I last saw h. or alive on Jan 26, 1938. Death is said, to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:
Chron. Myocarditis
 Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) BLOOMING GROVE (STATE OR COUNTRY) IND.
 FATHER 13. NAME JOHN V. WALKER
 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) IND.
 MOTHER 15. MAIDEN NAME RACHEL WHITLOCK
 16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) IND.
 17. INFORMANT W. A. THOMPSON (ADDRESS) MOUND CITY MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE MOUNT HOPE DATE 1-31-1938
 19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO
 20. FILED 1-31-38 1938 J. C. Gray Local Registrar.

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? No
 If so, specify _____
 (Signed) H. E. Paul D.O. 3
 (Address) Mound City, 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turhune....., Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. Fred Turhune.....
Licensed Embalmer No. 1279

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)