

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24088

Do not use this space.

REC'D AUG 12 1938

1. PLACE OF DEATH.....

(a) County..... Registration District No. 791

(b) Township..... Primary Registration District No. 1003

(c) City..... (d) Street No. 3412 LaSalle St. Registered No. 6782

(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 Ada Smith 530

(a) Residence, No. 3412 LaSalle St. St. 18 (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 Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 1867

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

72 84 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWORK

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

12. BIRTHPLACE (CITY OR TOWN) Ironton Mo. (STATE OR COUNTRY)

FATHER 13. NAME Beverly Waverly Russell

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

MOTHER 15. MAIDEN NAME Maria Evans

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT Clyde Gardner (ADDRESS) 3112 LaSalle St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7-30 1938

19. FUNERAL DIRECTOR Love Und. Co (ADDRESS) 3103 Washington Ave.

20. FILED JUL 29 1938 J. B. Bredsch Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1938

22. I HEREBY CERTIFY That I attended deceased from May 2 1935 to July 26 1938

I last saw her alive on July 26 1938 Death is said to have occurred on the date stated above, at 2 P. M.

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

Chronic Interstitial Nephritis

Other contributory causes of importance: 131 Senility

Name of operation..... Date of.....

What test confirmed diagnosis? Lab. 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) W. R. Williams, D. (Address) 823-1116

STATEMENT BY LICENSED EMBALMER

I, Mac Jerome Marlowe, Licensed Embalmer No. 3994

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

L. E.  
No. \_\_\_\_\_ or by Frank Givnis, Registered Apprentice No. 156  
working under my personal supervision.

Signed Mac Jerome Marlowe  
Licensed Embalmer No. 3994

**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.)**