REC'D SEP 23 1938

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

29211
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 415
(b) Township — Primary Registration District No. 4247 — Registered No.
(c) City Reeds — (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 Cora Frances Smith
(a) Residence, No. Reeds Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Green Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 9, 1871
7. AGE: YEARS 67 — MONTHS 6 — DAYS 5 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
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): Purcell Missouri
FATHER
13. NAME: Bell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown
MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown
17. INFORMANT (ADDRESS): Juanita Chrisman Reeds Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Reeds Cemetery DATE July 16, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Knee Mortuary Carthage Mo.
20. FILED 7/16, 1938 Geo L Bragdon Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feby 11th, 1938, to June 30th, 1938
I last saw her alive on June 30th, 1938. Death is said to have occurred on the date stated above, at 7 45 a.m.
The principal cause of death and related causes of importance were as follows:
Influenza — Date of onset 7/15-38
23 h
Other contributory causes of importance: Pulmonary Tuberculosis
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?
If so, specify
(Signed) Geo L Bragdon, M. D.
(Address) Reeds Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-47
Date Filed 9-20-38

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Emm Ritner

Licensed Embalmer No. 391

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**