

NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ruchanan

Registration District No. 85

35174

Township

Primary Registration District No. 1001

File No.

City St Joseph

(No. Missouri Methodist Hospital)

Registered No. 1070

2. FULL NAME Mrs Morcie Smith

(a) Residence, No. 614 Locust  
(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 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) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1892

7. AGE YEARS 46 MONTHS 4 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone operator  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell telephone Co.  
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) Malvern, Iowa.  
Iowa.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
Unknown

17. INFORMANT Hospital Records  
(ADDRESS) Missouri Methodist Hosp.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery  
PLACE St. Joseph, Mo. DATE Oct. 31, 1938

19. UNDERTAKER H. O. Sidenfaden and Son  
(ADDRESS) 302 Union St. St. Joseph, Mo.

20. FILED 10/31/38 H. J. Neetebach  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1938, to Oct. 24, 1938.

I last saw her alive on Oct. 24, 1938. Death is said to have occurred on the date stated above, at 5:15 A.M.

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

Esophageal - bronchial fistula with strangulation

Date of onset Unknown

Other contributory causes of importance: Syphilis  
Thyroid disease

Name of operation Gastrostomy Date of 10/24/38  
What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external cause (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) Walter B. McDonald, M. D.  
(Address) 301 N. 8th St.

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.

STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson, Licensed Embalmer No. 4028  
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by My-Self

or by \*\* \*\*, Registered Apprentice No. \*\*\*

(Signed) Robert P. Clarkson  
Licensed Embalmer No. 4028

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