

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.

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

9968
Do not use this space.

1. PLACE OF DEATH
(a) County Bates Registration District No. 47
(b) Township East Boone Primary Registration District No. 5081
(c) City _____ (d) Street No. _____
(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 Opal Lee Smith
(a) Residence, No. _____ 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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 9 15

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humanville, Bates County, Missouri

FATHER
13. NAME W. T. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dungannon, Cedar County, Missouri

MOTHER
15. MAIDEN NAME Missie Earnest
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dungannon, Cedar County, Missouri

17. INFORMANT (ADDRESS) George J. Smith, Adrian, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dayton, Mo. DATE Mar - 16 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Creath & Son, Adrian, Mo.

20. FILED Mar 31, 1939 Ethel C. Stephens, local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 15 - 1939

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939, to Mar 14, 1939
I last saw her alive on March 14, 1939. Death is said to have occurred on the date stated above, at 1:30 A. M.
The principal cause of death and related causes of importance were as follows:

Child bed infection
Abortion - Septicemia -
and flu.

Date of onset
3/13/1939

Other contributory causes of importance: 140

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? _____
If so, specify _____
(Signed) B. B. Boutwell, M. D.
Adrian, Mo.
50 (Address)

RECEIVED
District Health Officer No. 7,
District File Number 7-39-5-27
Date Filed 4-12-39

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,

Fred S. Smith # 3343, or by

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

Signed..... [Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian Mo.

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.)

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