

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

12623  
Do not use this space.

1. PLACE OF DEATH <sup>REC'D APR 18 1939</sup> 2 1

(a) County Vernon Registration District No. 875

(b) Township 1 Primary Registration District No. 3039 Registered No. 77

(c) City Nevada (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

2. PRINT FULL NAME Ollie Anne Smith

(a) Residence, No. E. Maple St.  (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 Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 27 1889

7. AGE YEARS 50 MONTHS 5 DAYS 16 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Missouri

FATHER 13. NAME Andrew J. Steer

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

MOTHER 15. MAIDEN NAME Mary Anne Pace

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

17. INFORMANT Robert Smith (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sanbridge Cemetery Cedar Co. DATE Mar 13 1939

19. FUNERAL DIRECTOR (NAME) Hayes Funeral Service (ADDRESS) Nevada Mo.

20. FILED 3-11 1939 Edmund Hayes Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10 1939

22. I HEREBY CERTIFY, That I attended deceased On 3/10 1939 to \_\_\_\_\_, 19\_\_\_\_

I last saw her alive on 3/10 1939. Death is said to have occurred on the date stated above, at 9:50 A.M.

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

Cerebral hemorrhage

Date of onset 3/10/39

Other contributory causes of importance: Chronic nephritis with hypertension

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) O. W. Pearce Jr. M. D. Wade H. W.

775 (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

District Health Officer No. 7

District File Number 7-39-636

Date Filed 4-17-39

---

---

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, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada 420

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.